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**QUASI-PROSPECTIVE STUDY OF BREAST CANCER AND DIET:**  
**Annual Report: Year 1**

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## **Introduction:**

It is clear from epidemiological studies that environmental factors are largely responsible for differences in breast cancer rates across populations and changes in U.S. rates over time. Dietary factors and those related to physical activity may have powerful influences on adult weight gain and several physiologic processes that could lead to cancer. However, obtaining unbiased self-reports of these behaviors is difficult, in part because they are subject to systematic reporting errors, such as recall and social desirability biases. This case-control study is measuring diet, adult weight history, and physical activity in women undergoing a diagnostic evaluation for potential breast cancer, but prior to diagnosis. The focus will be on two main suspects in breast cancer: consumption of fat as a factor that could be associated with increased risk; and certain fruits, vegetables, and grains containing high concentrations of functional constituents (phytoestrogens, antioxidants, protease inhibitors, indole glucosinolates) that may be protective. High levels of adult weight gain and physical inactivity, both of which may be related to increased risk, will be examined both as potential confounders to the diet exposures as well as independent predictors of breast cancer risk. The unique design of this case-control study provides a way to measure diet and other self-report measures before they can be affected by a woman's knowledge of whether or not she has breast cancer. We expect that a total of about 13,000 women will receive routine mammography for the first time in the Breast Care Center at the Palmetto Richland Memorial Hospital Campus of the Palmetto Health Alliance/South Carolina Cancer Center (BCC) over the 48-month recruitment period. Of these, about 5,400 will have confirmation by advanced diagnostic techniques, and about 20% of these will have histologically confirmed breast cancer. We project that 60% of women coming in for advanced diagnostic techniques (N=3,240 women [20-80 yrs]), will be willing to participate, of whom one-fifth (n=648) will have primary breast cancer. Age-matched controls will be obtained from the remaining 2,592 disease-free women. Results from this investigation will add to our body of knowledge of the modifiable behaviors that are associated with incident breast cancer.

## **Specific Aims:**

Using information from recently completed studies on sources of bias in assessment of dietary intake, this study will attempt to reconcile discrepancies between results of laboratory animal studies and cross-national comparisons strongly implicating diet as a cause of breast cancer and those from conventional epidemiologic studies that are much more equivocal on this topic. It will account for a number of covariates, especially physical activity and adult weight gain. The purpose of the proposed research is to test whether a dietary pattern associated with high-fat (generally salty or sweet) foods increases risk whereas a pattern emphasizing whole grain and vegetable intake decreases risk. This study is designed with full recognition that dietary variables are collected using assessment methods that are seen by subjects as "tests" and, therefore, are susceptible to psychological factors that are known to affect individuals in test-taking situations. Because secondary prevention will remain an important issue for the foreseeable future, it is also important that assessed populations be accessible and amenable to follow up to determine which, if any, dietary factors may be predictive of prognosis among those diagnosed with breast cancer and to increase disease risk among those found to be free of disease at baseline. The faculty and staff of the Breast Clinic, from which all cases and the clinic-based controls will be obtained, have a keen interest in the research potential of the clinic. Given high rates and thoroughness of patient follow-up, the clinic also presents excellent opportunities to investigate the natural history of breast cancer prognoses and to follow up breast cancer patients.

The primary goal of the proposed research is to investigate the role of diet and adult weight gain, with historical levels of activity being obtained to "characterize prior activity" to use as an adjustment for confounding in the etiology of breast cancer. The secondary goal of the research will be to assemble cohorts of disease-free, high-risk women and breast cancer patients to: 1. Establish breast cancer risk factors in women at high risk because of either a family history of

the disease or presence of a precancerous lesion (i.e., women determined not to have breast cancer at the time of enrollment); and 2. delineate lifestyle, psychosocial and/or treatment factors that might affect prognosis in women with a histologically confirmed cancer of the breast, as done previously 1, 2.

### **Work Accomplished:**

The approved Statement of Work (see Appendix 1) categorized the work objectives for the project into 4 discrete tasks, each with indications for the months from the study timeline in which these tasks will be accomplished. Due to unforeseen delays in getting Human Subjects approval from the Institutional Review Boards of the three bodies governing this research (i.e., U.S. Army, University of South Carolina, and the Palmetto Health Alliance), the original study timeline has been revised. The original timeline started in July 2000 (month 1) and participant recruitment was scheduled to begin in January 2001 (month 7). Final approval from all three institutions was not obtained until late February 2001.

Accordingly, initiation of our recruitment was delayed until late spring of this year (2001).

In the following sections, each individual sub-task outlined in the Statement of Work (Appendix 1) is indicated in bold text and by a an alphabetic indicator (e.g., a, b, c,...). Our work to accomplish these sub-tasks follows in bulleted form. Where applicable, problems encountered in completing tasks are described and our plans for overcoming these barriers are outlined.

#### **Task 1: Run-in Phase, Months 1-6 (July-December 2000):**

##### **a) Review baseline lifestyle and demographic questionnaire for completeness and for content validity.**

- An initial Baseline questionnaire was compiled (Appendix 2) and included the following sections
  - Demographics
  - Food Frequency Questionnaire
  - Physical Activity Assessment (Lifetime, Past-Year)
  - Medical/Family History
  - Personal Reaction Inventory (also known as the Marlowe Crowne Social Desirability Scale)
  - Martin-Larsen Approval Motivation scale (to measure social approval)
  - SF-36 Quality of Life

##### **b) Revise baseline questionnaire as necessary.**

- During questionnaire development phase, considerable refinement was made to several aspects of the baseline questionnaire in order to meet the objectives of this investigation and provide additional information about modifiable risk factors for breast cancer not specifically outlined in the original application (as secondary analyses)

- The scope of the original FFQ was expanded to more effectively measure vegetable and fruit consumption in enough detail to evaluate specific dietary hypotheses
- Two Physical Activity Assessments were adapted for self-administration
- Sections on medical and family history were lengthened to support further research into the impact of sleep patterns, non-steroidal anti-inflammatory drugs, and various lifestyle factors on breast cancer development
- The Baseline questionnaire was piloted tested in 10 clinic nurses to check for readability and relevance, as well as to assess the feasibility of administering a lengthy instrument to study participants.
- Pilot questionnaire data was also used to test questionnaire scanning software and SAS programming files. Data quality was also assessed from this pilot data.

**c) Hire and train the Research Assistant.**

- Ms. Swann Adams was hired as the Project Manager (see Biosketch, Appendix 3)
- Six part-time graduate assistants (1 PhD and 5 Masters candidates) were hired and trained to collect data in the field and for data management tasks.
- A part-time Data Manager was hired, but subsequently resigned from the University. This position remains open, but an active search is underway to identify a replacement. In the interim, the Ms. Adams and the Graduate Assistants have been completing these functions effectively.

**d) Develop a Manual of Operations (MOP), a detailed document describing data management systems.**

- As we are implementing the study in the field the MOP is going through necessary modification. Most technical aspects are completed. Revisions center around clinical interfacing.
- The MOP's content is based on our successful experience with other large-scale epidemiologic studies, and will describe how SAS, Teleform (optical scanning software), Excel, EpiInfo and other data management/tracking software will be effectively integrated to manage and analyze the data.
- A Coding Manual was compiled and checked for accuracy (Appendix 4)
- Standard Operating Procedures were developed to ensure that; participants are effectively and ethically recruited; high quality data are collected during the patient visits, and that data are efficiently and accurately entered for analysis. (Appendix 5)

**e) Develop and pilot test the participant tracking database, as well as all measurements and documenting procedures.**

- A participant tracking database has been constructed. However, finalization of the database has been postponed pending completion of final recruitment procedures within the mammography clinics.

**f) Train staff in all data-related and clinic-based procedures.**

- In-services have been conducted for all study personnel regarding the protection of patient rights, procedures for participant recruitment, and procedures for clinical measurements.

**Task 2: Recruitment, Months 7-48:**

**a) Of the 5,400 women visiting the Breast Care Center at the Palmetto Richland Memorial Hospital Campus of the Palmetto Health Alliance/South Carolina Cancer Center (BCC) for an advanced diagnostic work-up to rule in or rule out breast cancer, enroll 60% (3,240 women) as participants for the study.**

- Besides being delayed about six months for issues around informed consent, we have encountered a variety of routine challenges encountered in attempting to integrate a research project into a busy clinical system. We are in the process of optimizing our recruitment mechanisms in a more fluid and geographically disparate setting than our initial planning revealed. The initial phase of our recruitment efforts have extended our efforts to both the Richland Hospital and the Baptist Hospital locations and, more recently, recruitment also was extended to two satellite mammography clinics affiliated with the hospitals (a mobile unit and community office)
- Following final IRB approval in late February (February 28), the first phase of recruitment began in May 2001. Difficulties in obtaining permission from the hospital-based clinics to contact their patients to assess their interest in participating in research delayed recruitment for several months. The clinical system initiated a new policy requiring written consent be obtained from the participant before they could be contacted by our study team. Mechanisms have been put into place to gather this written consent.
- This initial phase of recruitment also served as our run-in period and served to identify a number of minor barriers to meeting our original recruitment goals. Revisions of our recruitment protocol, based on this run-in period, have increased our participation rates. During the pilot phase we enrolled 50 women through the initial, mammography screening, gateway to the study. Depending on demographic characteristics of the cases (because we are frequency matching), some of these women may be low-risk controls.
- To date, a total of 60 participants, including pilot-phase women, have been enrolled.

**b) Using instruments described in section 4.2., collect data on: diet, physical activity, and other aspects of lifestyle; demographic variables; family and personal health-related history; and social desirability and social approval.**

- Of the 60 participants agreeing to participate and to whom questionnaires were provided, 50 participants have returned the questionnaires. As mentioned above, 40 of these constitute the questionnaire validation/pilot-testing subset. As such, they are all potential controls. However, it is the first 10 subjects, who are at very high risk of being diagnosed with breast cancer, that represent the first true “enrollees.”

**c) Collect and bank pre-diagnostic blood, urine, and buccal and breast tissue samples among a subset for future molecular epidemiologic analyses and biochemical validation of dietary assessment procedures, to be funded by future ancillary projects.**

- Urine and buccal samples have been collected on the 10 participants recruited, as planned, from the high-risk pool. Additional grants are being written and/or reviewed in order to fund analyses of the biological samples being collected.
- A proposal aimed at collecting blood data for analyses of blood markers of the IGF-axis was submitted (Maureen Sanderson, PI) but was not funded.

**d) Take anthropometric measurements, as described in section 4.3.**

- Anthropometric measurements have been taken on enrollees.

**e) Abstract medical records for relevant health history and pathology data.**

- Enrollment has not reached the stage at which medical record abstraction is needed. Therefore, abstraction of this information is premature.

**Task 3: Data Entry, Verification, and Interim Analyses, Months 7-48:**

**a) Flag all outlier and illogical responses.**

- Data entry has begun on all questionnaires received to date. Teleform software has been used for data entry. SAS programs have been developed to identify outliers and illogical responses in the instruments.

**b) Verify all outlier and illogical responses, re-contacting participants, if necessary.**

- Thus far, our systematized quality assurance checks on the questionnaires have not revealed problems that require re-contacting participants. Provisions will be made for this work as needed.

**c) Conduct simple descriptive analyses (e.g., cross-tabulations and univariate statistics).**

- Given the small number of participants enrolled in the project at this date, descriptive analyses of the primary exposure data have not been compiled for this report.

**d) At months 13, 25, and 37 conduct multivariable analyses, as described in section 4.8. of the proposal.**

- All previous sections (a, b, c) have been implemented in order to prepare for this task.
- As above, we are too early in recruitment for this task to be completed.

### **Key Research Accomplishments:**

As noted above, this project is in the early phase of participant recruitment and key findings from this research are not yet available. We anticipate the first preliminary analyses to take place in about a year (August 2002).

### **Reportable Outcomes:**

**Study products:** There have been a considerable number of data collection instruments and recruitment and informational materials that have been produced in the first year of the study (see appendices). As no such study has been attempted in South Carolina previously, the existence of these instruments and materials has far-reaching implications.

**Funding applied for based on this award:** For the most recent (May 2001) US Army Breast Cancer (BAA) grant application deadline, Drs. Michael Wargovich, James Hebert, and Joan Cunningham submitted "Prevention of Breast Cancer by NSAIDS and Thiazolidinediones" which would collect additional information to test hypothesis on the relationship between these agents and breast cancer risk.

**Training opportunities:** there currently are five graduate assistants (all doctoral or masters students in the Department of Epidemiology and Biostatistics at the Norman J. Arnold School of Public Health) who are working on various aspects of this study.

#### **Planned applications?**

- 1) Follow-up QOL and body composition outcomes at 12- and 24-months, post-diagnosis
- 2) Follow-up recurrence?

### **References:**

1. Hebert JR, Hurley TG, Ma Y. The effect of dietary exposures on recurrence and mortality in early stage breast cancer. *Breast Cancer Res Treat* 1998;51:17-28.
2. Hebert JR, Augustine A, Barone J, Kabat GC, Kinne DW, Wynder EL. Weight, height and body mass index in the prognosis of breast cancer: early results of a prospective study. *Int J Cancer* 1988;42:315-318.

### **Appendices:**

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**Appendix 1**  
**Approved Statement of Work**

## STATEMENT OF WORK

### Quasi-Prospective Study of Breast Cancer and Diet

#### Task 1: Run-in Phase, Months 1-6:

- a) Review baseline lifestyle and demographic questionnaire for completeness and for content validity.
- b) Revise baseline questionnaire as necessary.
- c) Hire and train the Research Assistant.
- d) Develop a Manual of Operations (MOP), a detailed document describing data management systems. The MOP content is based on our successful experience with other large-scale epidemiologic studies, and will describe how SAS, Teleform (optical scanning software), Excel, EpiInfo and other data management/tracking software will be completely integrated to manage and analyze the data.
- e) Develop and pilot test the participant tracking database, as well as all measurements and documenting procedures.
- f) Train staff in all data-related and clinic-based procedures.

#### Task 2: Recruitment, Months 7-48:

- a) Of the 5,400 women visiting the Breast Care Center at the Palmetto Richland Memorial Hospital Campus of the Palmetto Health Alliance/South Carolina Cancer Center (BCC) for an advanced diagnostic work-up to rule in or rule out breast cancer, enroll 60% (3,240 women) as participants for the study.
- b) Using instruments described in section 4.2., collect data on: diet, physical activity, and other aspects of lifestyle; demographic variables; family and personal health-related history; and social desirability and social approval
- c) Collect and bank pre-diagnostic blood, urine, and buccal and breast tissue samples among a subset for future molecular epidemiologic analyses and biochemical validation of dietary assessment procedures, to be funded by future ancillary projects.
- d) Take anthropometric measurements, as described in section 4.3.
- e) Abstract medical records for relevant health history and pathology data.

#### Task 3: Data Entry, Verification, and Interim Analyses, Months 7-48:

- a) Flag all outlier and illogical responses.
- b) Verify all outlier and illogical responses, recontacting participants, if necessary.
- c) Conduct simple descriptive analyses (e.g., cross-tabulations and univariate statistics).
- d) At months 13, 25, and 37 conduct multivariable analyses, as described in section 4.8. of the proposal.

#### Task 4: Final Data Analyses, months 49-60:

- a) Perform all exploratory analyses to test for adherence to model assumptions.
- b) Test study hypotheses.
- c) Conduct post-hoc analyses of study data.
- d) Prepare manuscripts.
- e) Archive datasets for future analyses and future patient follow-up.
- f) Plan future studies.

**Appendix 2**  
**Compiled Baseline Questionnaire**

# PALMETTO WOMEN'S HEALTH STUDY

Thank you once again for agreeing to participate in our study of women's health. Before you get started, we have a few hints to help you complete the questionnaire.

- Please be sure to use a #2 pencil for all questions.
- Please make sure to completely darken the circle by your answer.



- For accuracy, please print carefully and avoid touching the edges of the box as in the following two examples.

A	B	C	D	E	F	G	H	I	J	K	L	M
N	O	P	Q	R	S	T	U	V	W	X	Y	Z

1	2	3	4	5	6	7	8	9	0
---	---	---	---	---	---	---	---	---	---

- For all dates, please be sure and write out the entire year and not only the last 2 digits for the year.
- Whenever there is more than one box shown for a number, please be sure to fill in all boxes. Therefore "2" would be filled in as "02" or "002".

0 3 / 2 3 / 1 9 7 2			
0	●○	○○	○○○○○
1	○○	○○	●○○○○
2	○○	●○	○○○○○
3	○●	○●	○○○○○
4	○○	○○	○○○○○
5	○○	○○	○○○○○
6	○○	○○	○○○○○
7	○○	○○	○○○●○○
8	○○	○○	○○○○○○
9	○○	○○	○●○○○○

0 2	
0	●○
1	○○
2	○●
3	○○
4	○○
5	○○
6	○○
7	○○
8	○○
9	○○

**PALMETTO WOMEN'S  
HEALTH STUDY  
Demographics**

**Date Form Completed**

Month  Day  Year

/  /

**First  
Initial**

**Middle  
Initial**

**Last name**

A

A

A

B

B

B

C

C

C

D

D

D

E

E

E

F

F

F

G

G

G

H

H

H

I

I

I

J

J

J

K

K

K

L

L

L

M

M

M

N

N

N

O

O

O

P

P

P

Q

Q

Q

R

R

R

S

S

S

T

T

T

U

U

U

V

V

V

W

W

W

X

X

X

Y

Y

Y

Z

Z

Z

**1. Please fill in the bubble that best describes the race for each of your parents.**

	White	African - American	Hispanic	Native-American	Asian or Pacific Islander	Other
Mother	<input type="radio"/>	<input type="radio"/>				
Father	<input type="radio"/>	<input type="radio"/>				

If you answered  
Other, please  
specify:

Mother	<input type="text"/>													
Father	<input type="text"/>													

**2. What is the highest year or level of school you have completed? (Select only one.)**

- 8th grade or less
- More than 8th grade and less than high school
- High school completed, no college
- High school completed, some college (Associates degree, RN, etc.)
- College completed (BS, BA, BSN, etc.)
- More than college completed (MA, MS, PhD, etc.)

**3. Are you presently employed? (Select only one.)**

- Yes, employed full time
- Yes, employed part time
- No (go to question #5)

**4. If employed, how do you classify your present position? (Select only one.)**

<input type="radio"/> Skill or craft	<input type="radio"/> Scientific/Technical work
<input type="radio"/> Machine operator	<input type="radio"/> Service work
<input type="radio"/> Manual labor	<input type="radio"/> Clerical or office
<input type="radio"/> Sales	<input type="radio"/> Professional, managerial or administrative

5. **What is your current marital status? (Select only one.)**

- Married
- Living with a partner
- Widowed (go to page #4)
- Divorced (go to page #4)
- Separated (go to page #4)
- Single, never married and not living with a partner (go to page #4)

6. **What is the highest year or level of school your partner has completed? (Select only one.)**

- 8th grade or less
- More than 8th grade and less than high school
- High school completed, no college
- High school completed, some college (Associates degree, RN, etc.)
- College completed (BS, BA, BSN, etc.)
- More than college completed (MA, MS, PhD, etc.)

7. **Is your partner presently employed? (Select only one.)**

- Yes, employed full time
- Yes, employed part time
- No (go to page #4)

8. **If your partner is employed, how do you classify his/her present position? (Select only one.)**

<input type="radio"/> Skill or craft	<input type="radio"/> Scientific/Technical work
<input type="radio"/> Machine operator	<input type="radio"/> Service work
<input type="radio"/> Manual Labor	<input type="radio"/> Clerical or office
<input type="radio"/> Sales	<input type="radio"/> Professional, managerial or administrative

**PALMETTO WOMEN'S  
HEALTH STUDY  
Food Frequency Questionnaire**

The following questions relate to  
your eating or dietary habits  
including any various dietary or  
nutritional supplements you may take.

**Date Form Completed**

Month	Day	Year
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
0 <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>
1 <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>
2 <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>
3 <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>
4 <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>
5 <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>
6 <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>
7 <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>
8 <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>
9 <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>

1. How many meals (only include proper sit-down meals, not simple snacks) per day do you usually eat?

0  1  2  3  4  5  6  7  8  9

2. How soon after you wake up do you have your first meal (not including only beverages) of the day?

		Hours
0 <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	Minutes
1 <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	
2 <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	
3 <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	
4 <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	
5 <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	
6 <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	
7 <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	
8 <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	
9 <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	

**3. Which meal is usually your largest meal?**

1st     2nd     3rd     4th     5th     6th     7th     8th     9th

**4. How many snacks do you usually have per day? (This does not include diet beverages, coffee, tea or water.)** 

0    
1    
2    
3    
4    
5    
6    
7    
8    
9

**5. During the past month have you taken any vitamins or minerals?**

No (go to question #8)  
 Yes, fairly regularly (at least one time per week)  
 Yes, but not regularly (go to question #8)

**6. During the past month, how often have you taken a multi-vitamin?**

Times per  Day  
 Week

0    
1    
2    
3    
4    
5    
6    
7    
8    
9

7. Other than as part of a multi-vitamin, how often do you take single capsules or pills of the following?

**Vitamin A  
(Not Beta-carotene)**

Times per  Day  Week

0	○○
1	○○
2	○○
3	○○
4	○○
5	○○
6	○○
7	○○
8	○○
9	○○

**Beta-carotene**

Times per  Day  Week

0	○○
1	○○
2	○○
3	○○
4	○○
5	○○
6	○○
7	○○
8	○○
9	○○

**Folate**

Times per  Day  Week

0	○○
1	○○
2	○○
3	○○
4	○○
5	○○
6	○○
7	○○
8	○○
9	○○

**B6**

Times per  Day  Week

0	○○
1	○○
2	○○
3	○○
4	○○
5	○○
6	○○
7	○○
8	○○
9	○○

**B12**

Times per  Day  Week

0	○○
1	○○
2	○○
3	○○
4	○○
5	○○
6	○○
7	○○
8	○○
9	○○

**Riboflavin**

Times per  Day  Week

0	○○
1	○○
2	○○
3	○○
4	○○
5	○○
6	○○
7	○○
8	○○
9	○○

**Niacin**

Times per  Day  Week

0	○○
1	○○
2	○○
3	○○
4	○○
5	○○
6	○○
7	○○
8	○○
9	○○

**Vitamin C**

Times per  Day  Week

0	○○
1	○○
2	○○
3	○○
4	○○
5	○○
6	○○
7	○○
8	○○
9	○○

**Vitamin E**

Times per  Day  Week

0	○○
1	○○
2	○○
3	○○
4	○○
5	○○
6	○○
7	○○
8	○○
9	○○

7. Other than as part of a multi-vitamin, how often do you take single capsules or pills of the following? (continued from previous page)

<b>Calcium or dolomite or Tums</b>	
<input type="checkbox"/> <input type="checkbox"/> Times per <input type="radio"/> Day	<input type="radio"/> Week
0 <input type="radio"/> <input type="radio"/>	
1 <input type="radio"/> <input type="radio"/>	
2 <input type="radio"/> <input type="radio"/>	
3 <input type="radio"/> <input type="radio"/>	
4 <input type="radio"/> <input type="radio"/>	
5 <input type="radio"/> <input type="radio"/>	
6 <input type="radio"/> <input type="radio"/>	
7 <input type="radio"/> <input type="radio"/>	
8 <input type="radio"/> <input type="radio"/>	
9 <input type="radio"/> <input type="radio"/>	

<b>Cod liver oil, other fish oils or omega-3 fatty acids</b>	
<input type="checkbox"/> <input type="checkbox"/> Times per <input type="radio"/> Day	<input type="radio"/> Week
0 <input type="radio"/> <input type="radio"/>	
1 <input type="radio"/> <input type="radio"/>	
2 <input type="radio"/> <input type="radio"/>	
3 <input type="radio"/> <input type="radio"/>	
4 <input type="radio"/> <input type="radio"/>	
5 <input type="radio"/> <input type="radio"/>	
6 <input type="radio"/> <input type="radio"/>	
7 <input type="radio"/> <input type="radio"/>	
8 <input type="radio"/> <input type="radio"/>	
9 <input type="radio"/> <input type="radio"/>	

<b>Yeast</b>	
<input type="checkbox"/> <input type="checkbox"/> Times per <input type="radio"/> Day	<input type="radio"/> Week
0 <input type="radio"/> <input type="radio"/>	
1 <input type="radio"/> <input type="radio"/>	
2 <input type="radio"/> <input type="radio"/>	
3 <input type="radio"/> <input type="radio"/>	
4 <input type="radio"/> <input type="radio"/>	
5 <input type="radio"/> <input type="radio"/>	
6 <input type="radio"/> <input type="radio"/>	
7 <input type="radio"/> <input type="radio"/>	
8 <input type="radio"/> <input type="radio"/>	
9 <input type="radio"/> <input type="radio"/>	

<b>Selenium</b>	
<input type="checkbox"/> <input type="checkbox"/> Times per <input type="radio"/> Day	<input type="radio"/> Week
0 <input type="radio"/> <input type="radio"/>	
1 <input type="radio"/> <input type="radio"/>	
2 <input type="radio"/> <input type="radio"/>	
3 <input type="radio"/> <input type="radio"/>	
4 <input type="radio"/> <input type="radio"/>	
5 <input type="radio"/> <input type="radio"/>	
6 <input type="radio"/> <input type="radio"/>	
7 <input type="radio"/> <input type="radio"/>	
8 <input type="radio"/> <input type="radio"/>	
9 <input type="radio"/> <input type="radio"/>	

<b>Zinc</b>	
<input type="checkbox"/> <input type="checkbox"/> Times per <input type="radio"/> Day	<input type="radio"/> Week
0 <input type="radio"/> <input type="radio"/>	
1 <input type="radio"/> <input type="radio"/>	
2 <input type="radio"/> <input type="radio"/>	
3 <input type="radio"/> <input type="radio"/>	
4 <input type="radio"/> <input type="radio"/>	
5 <input type="radio"/> <input type="radio"/>	
6 <input type="radio"/> <input type="radio"/>	
7 <input type="radio"/> <input type="radio"/>	
8 <input type="radio"/> <input type="radio"/>	
9 <input type="radio"/> <input type="radio"/>	

<b>Iron</b>	
<input type="checkbox"/> <input type="checkbox"/> Times per <input type="radio"/> Day	<input type="radio"/> Week
0 <input type="radio"/> <input type="radio"/>	
1 <input type="radio"/> <input type="radio"/>	
2 <input type="radio"/> <input type="radio"/>	
3 <input type="radio"/> <input type="radio"/>	
4 <input type="radio"/> <input type="radio"/>	
5 <input type="radio"/> <input type="radio"/>	
6 <input type="radio"/> <input type="radio"/>	
7 <input type="radio"/> <input type="radio"/>	
8 <input type="radio"/> <input type="radio"/>	
9 <input type="radio"/> <input type="radio"/>	

8. Do you take herbs, extracts or other supplements?

Yes  No

If yes, please list below.

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The next section of this questionnaire deals specifically with the types and amounts of the foods you eat. For each item, think about how often you ate that food, on average, over the last year. Please think about all meals, snacks and food eaten either at home or away from home. Please tell us only about the food that YOU ate, not the food you may have prepared for family members or other people.

For each food item listed, please do the following.

1. Fill in the bubble for the number of times that you ate that food. If you did not eat that food more than six times per year, please fill in the bubble for "Never" and move on to the next food item.
2. If you ate the food at all, on the same line please indicate your usual serving size for that food using the following guidelines:
  - The medium serving size (M) for that food is listed with the food description.
  - A small (S) serving size is about one-half (1/2) the size of a medium serving.
  - A large (L) serving size is about twice (2) the size of a medium serving.

It is important to remember that if you usually eat the food at least once per month, you will need to fill in one of the bubbles for the serving size for that food.

**We realize that it may be difficult for you to provide detailed responses to all of the questions. Please just provide your best estimate of average intake. You should be able to complete this portion of the questionnaire in under 40 minutes.**

For example, suppose that you normally ate 3 cups of beef stew about 2 times a week. Therefore, you normally ate a total of 6 cups a week. Since the medium serving size for beef stew is 1 cup, you could bubble in 5-6 times per week and a medium serving size. Alternatively, you could bubble in 3-4 times per week and a large serving size.

It does not matter which of these two ways you were to do this, as they are the same for the purposes of this survey. Below are the two ways you could have responded.

Type of Food	Average Intake Over the Last Year									Your Serving Size		
	0	1	2	3	4	5	6	7	8	1	2	3
Never	1 Per Mo.	2-3 Per Mo.	1 Per Wk.	2 Per Wk.	3-4 Per Wk.	5-6 Per Wk.	1 Per Day	2+ Per Day	S	M	L	
Beef stew, pot pie or gumbo with carrots or other vegetables (1 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Beef stew, pot pie or gumbo with carrots or other vegetables (1 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Type of Food	Average Intake Over the Last Year										Your Serving Size		
	0	1	2	3	4	5	6	7	8	1	2	3	
	Never	1 Per Mo.	2-3 Per Mo.	1 Per Wk.	2 Per Wk.	3-4 Per Wk.	5-6 Per Wk.	1 Per Day	2+ Per Day	S	M	L	
<b>FRUITS AND JUICES</b>													
Apples, applesauce, pears (1 medium or 1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bananas (1 medium)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peaches, apricots, nectarines (canned, frozen or dried) (1 medium or 1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peaches, apricots, nectarines (fresh) (1 medium or 1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cantaloupe, mango, papaya (1/4 medium)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Watermelon (1 medium slice or 1 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strawberries, kiwi (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oranges, tangerines (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dried fruits (raisins, prunes, figs) (1/4 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grapefruits (1/2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any other fruit (other melons, grapes, berries, pineapples, fruit cocktail, etc.) (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Orange juice (6 oz.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grapefruit juice (6 oz.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other fruit juice with vitamin C, fortified fruit drinks, Hi-C, Kool-Aid, cranberry juice, Tang (6 oz.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any other fruit juice (apple juice, grape juice, punch, guava or other) (6 oz.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Type of Food	Average Intake Over the Last Year									Your Serving Size		
	0 Never	1 Per Mo.	2 2-3 Per Mo.	3 1 Per Wk.	4 2 Per Wk.	5 3-4 Per Wk.	6 5-6 Per Wk.	7 1 Per Day	8 2+ Per Day	1 S	2 M	3 L
<b>VEGETABLES AND SIDE DISHES</b>												
String beans, green beans (1/2 cup)	○	○	○	○	○	○	○	○	○	○	○	○
Peas, snow peas (1/2 cup)	○	○	○	○	○	○	○	○	○	○	○	○
Refried beans (as side dish, not including those in burritos, etc.) (1/2 cup)	○	○	○	○	○	○	○	○	○	○	○	○
Pinto, lima and butter beans (1/2 cup)	○	○	○	○	○	○	○	○	○	○	○	○
Garbanzo, kidney or red beans; black eyed, yellow, split or Chinese peas (1/2 cup)	○	○	○	○	○	○	○	○	○	○	○	○
Lentils (1/2 cup)	○	○	○	○	○	○	○	○	○	○	○	○
Corn, hominy (1/2 cup or 1 medium ear)	○	○	○	○	○	○	○	○	○	○	○	○
Winter squash, acorn squash, other baked squash (1/2 cup)	○	○	○	○	○	○	○	○	○	○	○	○
Tomatoes, tomato juice (including pico de gallo or chopped tomatoes) (1/2 cup, 1 medium or 6 oz.)	○	○	○	○	○	○	○	○	○	○	○	○
Salsa picante, taco sauce (1/2 cup)	○	○	○	○	○	○	○	○	○	○	○	○
Avocado, guacamole (1/2 cup)	○	○	○	○	○	○	○	○	○	○	○	○
Raw broccoli (1/2 cup)	○	○	○	○	○	○	○	○	○	○	○	○
Cooked broccoli (1/2 cup)	○	○	○	○	○	○	○	○	○	○	○	○
Raw spinach (1/2 cup)	○	○	○	○	○	○	○	○	○	○	○	○
Cooked spinach (1/2 cup)	○	○	○	○	○	○	○	○	○	○	○	○
Cooked mustard greens, turnip greens, collards, kale, swiss chard, rutabaga, kohlrabi (1/2 cup)	○	○	○	○	○	○	○	○	○	○	○	○

Type of Food	Average Intake Over the Last Year										Your Serving Size		
	0	1	2	3	4	5	6	7	8	1	2	3	
	Never	1 Per Mo.	2-3 Per Mo.	1 Per Wk.	2 Per Wk.	3-4 Per Wk.	5-6 Per Wk.	1 Per Day	2+ Per Day	S	M	L	
<b>VEGETABLES AND SIDE DISHES (continued)</b>													
Carrots or mixed vegetables containing carrots (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cooked cabbage, cauliflower, brussel sprouts (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Raw cabbage, cauliflower, brussel sprouts and Chinese cabbage (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sauerkraut, pickled cabbage (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other green salad (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pasta salad, macaroni salad, potato salad with mayonnaise, salad dressing or oil (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diet salad dressing, diet mayonnaise (including on sandwiches) (2 tablespoons)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Salad dressing, mayonnaise, tartar sauce (including on sandwiches) (2 tablespoons)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
French fries, fried potatoes, hash browns (3/4 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sweet potatoes, yams (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other potatoes (such as boiled, baked, mashed), turnips (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rice (white) (3/4 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rice (brown or wild) (3/4 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rice (fried) (3/4 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pasta, noodles (including lo mein), couscous (plain, without cheese or tomato sauce) (3/4 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Butter, margarine or other fat on vegetables, potatoes, rice, etc. at the table (2 teaspoons or 2 pats)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Type of Food	Average Intake Over the Last Year									Your Serving Size		
	0	1	2	3	4	5	6	7	8	1	2	3
Never	1 Per Mo.	2-3 Per Mo.	1 Per Wk.	2 Per Wk.	3-4 Per Wk.	5-6 Per Wk.	1 Per Day	2+ Per Day	S	M	L	

### VEGETABLES AND SIDE DISHES (continued)

Onions (1 medium or 1/2 cup)	<input type="radio"/>											
Garlic, chives or scallions (1 clove or 1 shake)	<input type="radio"/>											
Olives (2 medium or 1 tablespoon chopped)	<input type="radio"/>											
Any other vegetable including summer squash, asparagus, sweet peppers, bok choy, okra, eggplant, beets, etc. (1/2 cup)	<input type="radio"/>											

### MEATS, FISH, POULTRY AND MIXED DISHES

Hamburgers, cheeseburgers, meat loaf (3 oz.)	<input type="radio"/>											
Beef (steaks, roasts, teriyaki, cube steak, beef on sandwiches, barbecue beef, etc.) (4 oz.)	<input type="radio"/>											
Beef stew, pot pie or gumbo with carrots or other vegetables (1 cup)	<input type="radio"/>											
Pork (chops, roasts, ribs, barbecue, teriyaki, breaded pork chops) (4 oz.)	<input type="radio"/>											
Mixed dish with beef or pork and rice (Oriental main dishes, Cajun jambalaya, Spanish rice) (1 cup)	<input type="radio"/>											
Ham, ham hocks (including ham on sandwiches) (4 oz.)	<input type="radio"/>											
Lamb, mutton, mutton stew, steaks or ribs (4 oz.)	<input type="radio"/>											
Game including venison, rabbit, possum, squirrel (4 oz.)	<input type="radio"/>											
Liver (chicken livers, other organ meats) (4 oz.)	<input type="radio"/>											
Chicken, turkey or wild fowl (roasted, broiled or ground including teriyaki and on sandwiches) (4 oz.)	<input type="radio"/>											
Chicken or turkey stew, pot pie or gumbo with carrots or other vegetables, chicken and dumplings (1 cup)	<input type="radio"/>											

Type of Food	Average Intake Over the Last Year										Your Serving Size		
	0	1	2	3	4	5	6	7	8	1	2	3	
	Never	1 Per Mo.	2-3 Per Mo.	1 Per Wk.	2 Per Wk.	3-4 Per Wk.	5-6 Per Wk.	1 Per Day	2+ Per Day	S	M	L	
<b>MEATS, FISH, POULTRY AND MIXED DISHES (continued)</b>													
Mixed dish with chicken or tofu and rice (Oriental main dish, Cajun jambalaya) (1 cup)	○	○	○	○	○	○	○	○	○	○	○	○	○
Fried chicken (2 small pieces or 1 large piece)	○	○	○	○	○	○	○	○	○	○	○	○	○
Fried fish or fish sandwich (3 oz.)	○	○	○	○	○	○	○	○	○	○	○	○	○
Tuna fish, salmon, sardines (raw tuna or salmon, tuna salad, tuna casserole) (1 cup)	○	○	○	○	○	○	○	○	○	○	○	○	○
Shell fish (shrimp, lobster, crab, oysters, mussels, etc. including raw) (1/2 cup)	○	○	○	○	○	○	○	○	○	○	○	○	○
Other broiled, baked or raw fish (trout, sole, halibut, poke, grouper, etc.) (4 oz.)	○	○	○	○	○	○	○	○	○	○	○	○	○
Mixed dish with seafood and rice (Oriental main dish, Cajun jambalaya) (1 cup)	○	○	○	○	○	○	○	○	○	○	○	○	○
Fish stew or seafood gumbo (1 cup)	○	○	○	○	○	○	○	○	○	○	○	○	○
Tofu, other soy and textured vegetable products (TVP) (1 cup)	○	○	○	○	○	○	○	○	○	○	○	○	○
Spaghetti, lasagna, other pasta dishes with tomato and meat sauce (1 cup)	○	○	○	○	○	○	○	○	○	○	○	○	○
Spaghetti, lasagna, other pasta dishes with tomato sauce and no meat sauce (1 cup)	○	○	○	○	○	○	○	○	○	○	○	○	○
Pizza (2 slices)	○	○	○	○	○	○	○	○	○	○	○	○	○
Mixed dishes with cheese but no tomato sauce (including macaroni and cheese, chile rellenos, cheese quesadillas, quiche) (1 cup)	○	○	○	○	○	○	○	○	○	○	○	○	○
Burritos including breakfast burritos, soft tacos with flour tortillas (2)	○	○	○	○	○	○	○	○	○	○	○	○	○

Type of Food	Average Intake Over the Last Year									Your Serving Size		
	0 Never	1 Per Mo.	2 2-3 Per Mo.	3 1 Per Wk.	4 2 Per Wk.	5 3-4 Per Wk.	6 5-6 Per Wk.	7 1 Per Day	8 2+ Per Day	1 S	2 M	3 L
<b>MEATS, FISH, POULTRY AND MIXED DISHES (continued)</b>												
Enchiladas, tamales, tacos, tostadas, chalupas, other Mexican dishes with corn tortillas including nachos with chile and cheese (2)	○	○	○	○	○	○	○	○	○	○	○	○
Red chile con carne (1 cup, 1/2 cup as condiment)	○	○	○	○	○	○	○	○	○	○	○	○
Green chile con carne (1 cup, 1/2 cup as condiment)	○	○	○	○	○	○	○	○	○	○	○	○
Gravies made with meat drippings or white sauce (1/4 cup)	○	○	○	○	○	○	○	○	○	○	○	○
<b>LUNCH ITEMS</b>												
Hot dogs (pork, beef or turkey; include regular, low-fat and non-fat) (2)	○	○	○	○	○	○	○	○	○	○	○	○
Bologna, salami, Spam, other lunch meats excluding ham (include regular, low-fat and non-fat) (2 oz. or 2 slices)	○	○	○	○	○	○	○	○	○	○	○	○
Vegetable and tomato soup (including vegetable beef, minestrone) (1 cup)	○	○	○	○	○	○	○	○	○	○	○	○
Other broth-based soups (including chicken noodle soup, tortilla soup, egg drop soup, wonton soup) (1 cup)	○	○	○	○	○	○	○	○	○	○	○	○
Bean soups (including pea, lentil, black bean) (1 cup)	○	○	○	○	○	○	○	○	○	○	○	○
Cream soups such as chowders, potato, tomato, cheese (1 cup)	○	○	○	○	○	○	○	○	○	○	○	○
<b>BREAD, SALTY SNACKS, SPREADS</b>												
White bread (including sandwiches, hamburger or hot dog buns, bagels, baguettes, pita bread, English muffins, French bread) (2 slices)	○	○	○	○	○	○	○	○	○	○	○	○
Dark bread (including whole wheat, rye, pumpernickel, other high-fiber bread) (2 slices)	○	○	○	○	○	○	○	○	○	○	○	○
Biscuits, scones, croissants, muffins (2 biscuits or 1 muffin)	○	○	○	○	○	○	○	○	○	○	○	○
Corn bread, corn muffins (1 medium piece)	○	○	○	○	○	○	○	○	○	○	○	○

Type of Food	Average Intake Over the Last Year									Your Serving Size		
	0	1	2	3	4	5	6	7	8	1	2	3
	Never	1 Per Mo.	2-3 Per Mo.	1 Per Wk.	2 Per Wk.	3-4 Per Wk.	5-6 Per Wk.	1 Per Day	2+ Per Day	S	M	L
<b>BREAD, SALTY SNACKS, SPREADS (continued)</b>												
Fry bread, hush puppies, fritter (2 medium pieces)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Flour tortilla (by itself, not in burritos, etc.) (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Corn tortilla (by itself, not in enchiladas, etc.) (2 medium)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other snacks such as crackers, potato chips, corn chips, tortilla chips, pretzels, popcorn (include regular, low-fat and non-fat) (1 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nuts and seeds including peanuts, peanut butter, sunflower seeds (2 tablespoons)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Margarine on bread or roll (2 teaspoons)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Butter on bread or roll (2 teaspoons)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>BREAKFAST FOODS</b>												
High fiber, bran or granola cereals, shredded wheat (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Highly fortified cereals such as Product 19, Total or Most (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cold cereals that are low in sugar such as Corn Flakes, Rice Krispies, Kix (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sweetened cold cereals such as Frosted Flakes, Fruit Loops (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cooked cereals (including grits, oatmeal, cream of wheat) (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sugar, molasses or honey added to cereal (2 teaspoons)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eggs, omelettes (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bacon (regular, low-fat and non-fat) (2 slices)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Type of Food	Average Intake Over the Last Year									Your Serving Size		
	0 Never	1 1 Per Mo.	2 2-3 Per Mo.	3 1 Per Wk.	4 2 Per Wk.	5 3-4 Per Wk.	6 5-6 Per Wk.	7 1 Per Day	8 2+ Per Day	1 S	2 M	3 L
<b>BREAKFAST FOODS (continued)</b>												
Sausage (regular, low-fat and non-fat) (1 patty or 2 links)	○	○	○	○	○	○	○	○	○	○	○	○
Pancakes, waffles, French toast (1 medium piece)	○	○	○	○	○	○	○	○	○	○	○	○
<b>SWEETS</b>												
Ice cream (1 scoop or 3/4 cup)	○	○	○	○	○	○	○	○	○	○	○	○
Frozen yogurt, low-fat ice cream, ice milk (1 scoop or 3/4 cup)	○	○	○	○	○	○	○	○	○	○	○	○
Doughnuts, cookies, cakes, pastry, Pop Tarts, brownies (1 or 3 small cookies)	○	○	○	○	○	○	○	○	○	○	○	○
Pudding, custard, rice pudding (1 scoop or 3/4 cup)	○	○	○	○	○	○	○	○	○	○	○	○
Pumpkin pie, sweet potato pie (1 medium slice)	○	○	○	○	○	○	○	○	○	○	○	○
Other pies (1 medium slice)	○	○	○	○	○	○	○	○	○	○	○	○
Chocolate including Hershey's kisses, M&M's, chocolate candy bars (1 small slice or 1 oz.)	○	○	○	○	○	○	○	○	○	○	○	○
Other candy, jelly, honey, brown sugar, jams, or molasses (including on bread or other foods) (3 pieces or 1 tablespoon)	○	○	○	○	○	○	○	○	○	○	○	○
<b>DAIRY PRODUCTS</b>												
Cottage cheese, ricotta cheese (include regular, low-fat and non-fat) (1/2 cup)	○	○	○	○	○	○	○	○	○	○	○	○
Cheese (cheddar, American, cream cheese, parmesan, Velveeta, cheese spreads including cheese on sandwiches or as snacks; include regular, low-fat and non-fat) (2 oz.)	○	○	○	○	○	○	○	○	○	○	○	○
Plain yogurt (unflavored) (1 cup)	○	○	○	○	○	○	○	○	○	○	○	○
Flavored yogurt (regular, low-fat and non-fat) (1 cup)	○	○	○	○	○	○	○	○	○	○	○	○

Please note that the choices for "Average Intake Over the Last Year" are different for beverages. When considering alcoholic beverages, please remember that all of your answers will be kept confidential.

Type of Food	Average Intake Over the Last Year										Your Serving Size		
	0	1	2	3	4	5	6	7	8	1	2	3	
	Never	1-3 Per Mo.	1 Per Wk.	2-4 Per Wk.	5-6 Per Wk.	1 Per Day	2-3 Per Day	4-5 Per Day	6+ Per Day	S	M	L	
<b>BEVERAGES</b>													
Whole milk, beverages with whole milk (not including milk on cereal) (1 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2% milk and beverages with 2% milk (not including milk on cereal) (1 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Skim milk, 1% milk or buttermilk and beverages made with these (not including milk on cereal) (1 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Soy milk and beverages with soy milk (not including milk on cereal) (1 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Instant breakfast, Ensure or Slimfast (12 oz.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Regular soft drinks (including colas, 7-Up, etc.) (12 oz.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Diet soft drinks, unsweetened mineral water (12 oz.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Lemonade, sweetened mineral water (1 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Coffee (regular or decaffeinated including espresso), tea (hot or iced including black tea, herbal tea and green tea) (1 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Non-dairy creamer in coffee or tea (1 tablespoon)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Milk in coffee or tea (2 tablespoons)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Cream (real) or half-and-half in coffee or tea (1 tablespoon)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Sugar in coffee or tea or honey in tea (not including artificial sweeteners) (1 teaspoon)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Beer (12 oz.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Wine (5 oz.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Hard liquor (including mixed drinks) (a 1 oz. shot)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

In the spaces below, please list any foods that you eat at least once per week (even in small quantities) that were not listed on the previous pages. Also, please indicate the typical serving size of that food you eat as well as how often you eat the food. Please note that the line for "soy nuts" is used as an example only.

Food Description	Typical Serving Size	Average Intake Over the Last Year					
		3	4	5	6	7	8
		1 Per Wk.	2 Per Wk.	3-4 Per Wk.	5-6 Per Wk.	1 Per Day	2+ Per Day
<b>Soy nuts (for example purposes only)</b>	<b>1/2 cup</b>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Please indicate the response that best describes your eating and cooking habits.

	How Often Over the Last Year								
	1	2	3	4	5	6	7	8	9
	Less than 1 Per Wk.	1-2 Per Wk.	3-4 Per Wk.	5-6 Per Wk.	1 Per Day	1 1/2 Per Day	2 Per Day	3 Per Day	4+ Per Day
<b>How often do you eat in a fast food establishment such as McDonald's, BoJangles, etc.?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>How often is fat or oil used in cooking the foods you eat such as in sauteing, stir frying or frying eggs, meat or vegetables?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Not counting salads or potatoes, about how often do you eat vegetables?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>About how often do you eat cold cereal?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Not counting juices, how often do you eat fruit?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**What kind of fat or oil is usually used in cooking? (You may select up to two fats used in sauteing, stir frying or frying food.)**

- Don't know
- Pam or no oil
- Soft margarine (tub or liquid)
- Olive or canola oil
- Stick margarine or shortening
- Sesame or peanut oil
- Butter, ghee
- Other oil (such as coconut oil)
- Lard, fatback, bacon fat, fat from hamburger
- Vegetable oil including soy, corn, sunflower, or safflower oil

**If you eat refried beans or pinto beans, what kind of oil or fat is used in cooking the beans? (You may select up to two choices.)**

- Don't know / Don't eat beans
- Pam or no oil
- Soft margarine (tub or liquid)
- Olive or canola oil
- Stick margarine or shortening
- Sesame or peanut oil
- Butter, ghee
- Other oil (such as coconut oil)
- Lard, fatback, bacon fat, fat from hamburger
- Vegetable oil including soy, corn, sunflower, or safflower oil

**What kind of fat do you usually add to vegetables, potatoes, etc. at the table? (You may select up to two choices.)**

- Don't add fat
- Lard, fatback, bacon fat
- Soft margarine (tub or liquid)
- Olive or canola oil
- Stick margarine or shortening
- Sesame or peanut oil
- Butter, ghee
- Other oil (such as coconut oil)
- Half butter, half margarine
- Vegetable oil including soy, corn, sunflower, or safflower oil

**If you eat canned or frozen fruit, how is it usually packaged? (Select only one.)**

- Don't know / Don't eat canned or frozen fruit
- Unsweetened or in fruit juice
- In light syrup
- In heavy syrup

Please indicate how often (Never, Seldom, Sometimes, or Often/Always) you do the following when you eat the foods listed. If you do not eat the food listed, then fill in the bubble in the first column indicating that you do not eat the food (this applies to all questions except the last one on salt use).

	0 Don't Eat	1 Never	2 Seldom	3 Sometimes	4 Often/ Always
If you eat chicken, how often do you eat the skin on chicken?	<input type="radio"/>				
If you eat chicken, how often is it burnt, black or charred on the outside?	<input type="radio"/>				
If you eat meat (such as steak, pork chops, etc.), how often do you eat the fat on meat?	<input type="radio"/>				
If you eat meat (such as steak, pork chops, etc.), how often is it burnt, black or charred on the outside?	<input type="radio"/>				
If you eat ground beef, how often do you use lean or extra lean ground beef?	<input type="radio"/>				
If you eat ground beef, how often is it burnt, black or charred on the outside?	<input type="radio"/>				
If you eat hot dogs, bologna or other lunch meats, how often do you eat low-fat lunch meats?	<input type="radio"/>				
If you eat hot dogs, bologna or other lunch meats, how often is it burnt, black or charred on the outside?	<input type="radio"/>				
If you eat bacon or sausage, how often do you eat low-fat bacon or sausage?	<input type="radio"/>				
If you eat bacon or sausage, how often is it burnt, black or charred on the outside?	<input type="radio"/>				
If you eat fish or other seafood, how often is it burnt, black or charred on the outside?	<input type="radio"/>				
If you eat snacks such as chips or popcorn, how often do you eat low-fat chips, etc.?	<input type="radio"/>				
If you eat cheese (cottage cheese, cheddar cheese, cream cheese, American, etc.), how often do you eat low-fat cheese?	<input type="radio"/>				
If you eat yogurt, how often do you eat low-fat yogurt?	<input type="radio"/>				
If you eat cookies or cake, how often do you eat low-fat cookies or cakes?	<input type="radio"/>				
How often do you add salt to your food at the table?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**PALMETTO WOMEN'S  
HEALTH STUDY  
PHYSICAL ACTIVITY**

**Date Form Completed**  
Month  /  /  Year  
 /  /

In the next several pages we will be asking about your physical activity patterns at home, at work and volunteering, and for leisure, recreation, and exercise.

We will be asking about your activity for when you were age 12 to 19 years, 20 to 34 years, 35 to 49 years, 50 to 65 years, and in the last year.

We realize that reporting on your activity patterns from long ago is difficult, but please do your best. The information you provide will be useful.

Many people find that thinking about where they lived, where they worked (or volunteered), and important family events that took place in each period of their life makes it easier to remember what their physical activity patterns were like at that time.

If you like (this is not required), please write in brief answers (1-2 words) to the questions in the Life Events Calendar below. Please consider each life-period.

<b>Life Events Calendar</b>	<b>12 to 19 years</b>	<b>20 to 34 years</b>	<b>35 to 49 years</b>	<b>50 to 65 years</b>
What cities or towns did you live in?				
What street(s) did you live on?				
Where did you work or do volunteer work?				
Where did you go to school?				
When did major changes in your family take place (i.e. births, marriages, deaths)				

Work through each of the age periods until you reach or exceed your current age. If you are currently in the middle one of the life-periods only report on the number of years that applies to you. For example, if you are now 60 years old and you are answering questions in the 50-65 year life-period, you would report on the 10 years you lived in this period.

**Household, Occupational, and Volunteer Activities**ID 

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For the period when you were **age 12 to 19 years** review the activity categories below (first column) and indicate if these activities apply (Yes or No). If YES, record; (1) How many years, (2) How often per year, (3) How often per month, and (4) How long you did this type of activity, or ones like them. (Please go to the next section if none of these activities apply to you.)

**Household Activity**

(1) How many years? (2) How often per year?

Years in period?		Months/year?		Days per month or week?		Hours (minutes) per day?	
<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> 0-1-2	<input type="radio"/> 0-5-6	<input type="radio"/> 0-1-3	<input type="radio"/> 0-7-9	<input type="radio"/> 0-0-1 days/month	<input type="radio"/> 0-1-30 mins
		<input type="radio"/> 0-3-4	<input type="radio"/> 0-7-8	<input type="radio"/> 0-4-6	<input type="radio"/> 0-10-12	<input type="radio"/> 0-2-3 days/month	<input type="radio"/> 0-3-4 hrs
						<input type="radio"/> 0-4-5 days/month	<input type="radio"/> 0-5 hrs or more

Years in period?		Months/year?		Days per month or week?		Hours (minutes) per day?	
<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> 0-1-2	<input type="radio"/> 0-5-6	<input type="radio"/> 0-1-3	<input type="radio"/> 0-7-9	<input type="radio"/> 0-0-1 days/month	<input type="radio"/> 0-1-30 mins
		<input type="radio"/> 0-3-4	<input type="radio"/> 0-7-8	<input type="radio"/> 0-4-6	<input type="radio"/> 0-10-12	<input type="radio"/> 0-2-3 days/month	<input type="radio"/> 0-1-2 hrs
						<input type="radio"/> 0-4-5 days/month	<input type="radio"/> 0-5 hrs or more

Years in period?		Months/year?		Days per month or week?		Hours (minutes) per day?	
<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> 0-1-2	<input type="radio"/> 0-5-6	<input type="radio"/> 0-1-3	<input type="radio"/> 0-7-9	<input type="radio"/> 0-0-1 days/month	<input type="radio"/> 0-1-15 mins
		<input type="radio"/> 0-3-4	<input type="radio"/> 0-7-8	<input type="radio"/> 0-4-6	<input type="radio"/> 0-10-12	<input type="radio"/> 0-1-30 mins	<input type="radio"/> 0-1-2 hrs
						<input type="radio"/> 0-16-30 mins	<input type="radio"/> 0-3 hrs or more

Years in period?		Months/year?		Days per month or week?		Hours (minutes) per day?	
<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> 0-1-2	<input type="radio"/> 0-5-6	<input type="radio"/> 0-1-3	<input type="radio"/> 0-7-9	<input type="radio"/> 0-0-1 days/month	<input type="radio"/> 0-1-30 mins
		<input type="radio"/> 0-3-4	<input type="radio"/> 0-7-8	<input type="radio"/> 0-4-6	<input type="radio"/> 0-10-12	<input type="radio"/> 0-2-3 days/month	<input type="radio"/> 0-2-3 hrs
						<input type="radio"/> 0-4-5 days/month	<input type="radio"/> 0-4-5 hrs

Years in period?		Months/year?		Days per month or week?		Hours (minutes) per day?	
<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> 0-1-2	<input type="radio"/> 0-5-6	<input type="radio"/> 0-1-3	<input type="radio"/> 0-7-9	<input type="radio"/> 0-0-1 days/month	<input type="radio"/> 0-1-30 mins
		<input type="radio"/> 0-3-4	<input type="radio"/> 0-7-8	<input type="radio"/> 0-4-6	<input type="radio"/> 0-10-12	<input type="radio"/> 0-1-30 mins	<input type="radio"/> 0-3-4 hrs
						<input type="radio"/> 0-31-60 mins	<input type="radio"/> 0-5 hrs or more

**Occupational & Volunteer Activities (if these questions do not apply to you please go to the next page)**

Years in period?		Months/year?		Days per month or week?		Hours (minutes) per day?	
<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> 0-1-2	<input type="radio"/> 0-5-6	<input type="radio"/> 0-1-3	<input type="radio"/> 0-7-9	<input type="radio"/> 0-0-1 days/month	<input type="radio"/> 0-1 hr
		<input type="radio"/> 0-3-4	<input type="radio"/> 0-7-8	<input type="radio"/> 0-4-6	<input type="radio"/> 0-10-12	<input type="radio"/> 0-2-3 days/month	<input type="radio"/> 0-2-3 hrs
						<input type="radio"/> 0-6-7 days/month	<input type="radio"/> 0-4-5 hrs

Years in period?		Months/year?		Days per month or week?		Hours (minutes) per day?	
<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> 0-1-2	<input type="radio"/> 0-5-6	<input type="radio"/> 0-1-3	<input type="radio"/> 0-7-9	<input type="radio"/> 0-0-1 days/month	<input type="radio"/> 0-1-30 mins
		<input type="radio"/> 0-3-4	<input type="radio"/> 0-7-8	<input type="radio"/> 0-4-6	<input type="radio"/> 0-10-12	<input type="radio"/> 0-2-3 days/month	<input type="radio"/> 0-31-60 mins
						<input type="radio"/> 0-6-7 days/month	<input type="radio"/> 0-1-2 hrs

Years in period?		Months/year?		Days per month or week?		Hours (minutes) per day?	
<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> 0-1-2	<input type="radio"/> 0-5-6	<input type="radio"/> 0-1-3	<input type="radio"/> 0-7-9	<input type="radio"/> 0-0-1 days/month	<input type="radio"/> 0-1-30 mins
		<input type="radio"/> 0-3-4	<input type="radio"/> 0-7-8	<input type="radio"/> 0-4-6	<input type="radio"/> 0-10-12	<input type="radio"/> 0-2-3 days/month	<input type="radio"/> 0-4-5 hrs
						<input type="radio"/> 0-6-7 days/month	<input type="radio"/> 0-5 hrs or more

For the period when you were **age 12 to 19 years** review the activity categories below (first column) and indicate if these activities apply (Yes or No). If YES, record; (1) How many years, (2) How often per year, (3) How often per month, and (4) How long you did this type of activity, or ones like them. (Please go to the next page if none of these activities apply to you.)

**Leisure Activity****(1) How many years? (2) How often per year?**

<b>Leisure activities:</b> Watching TV or movies, reading, sewing, knitting, or quilting <input type="radio"/> No <input checked="" type="radio"/> Yes →	<b>Years in period?</b> <input type="radio"/> 0-2 <input type="radio"/> 0-5-6 <input type="radio"/> 0-7-8 <input type="radio"/> 0-3-4 <input type="radio"/> 0-4-6	<b>Months/year?</b> <input type="radio"/> 0-1-3 <input type="radio"/> 0-7-9 <input type="radio"/> 0-4-6 <input type="radio"/> 0-10-12	<b>Days per month or week?</b> <input type="radio"/> 0-0-1 days/month <input type="radio"/> 0-2-3 days/week <input type="radio"/> 0-4-5 days/week <input type="radio"/> 0-6-7 days/week	<b>Hours (minutes) per day?</b> <input type="radio"/> 1 hr <input type="radio"/> 6-7 hrs <input type="radio"/> 8 hrs or more <input type="radio"/> 4-5 hrs
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**(3) How often per month?**

<b>Recreational activity:</b> Social dancing, hiking, cycling, golfing <input type="radio"/> No <input checked="" type="radio"/> Yes →	<b>Years in period?</b> <input type="radio"/> 0-1-2 <input type="radio"/> 0-5-6 <input type="radio"/> 0-7-8 <input type="radio"/> 0-3-4	<b>Months/year?</b> <input type="radio"/> 0-1-3 <input type="radio"/> 0-7-9 <input type="radio"/> 0-4-6 <input type="radio"/> 0-10-12	<b>Days per month or week?</b> <input type="radio"/> 0-0-1 days/month <input type="radio"/> 0-2-3 days/week <input type="radio"/> 0-4-5 days/week <input type="radio"/> 0-6-7 days/week	<b>Hours (minutes) per day?</b> <input type="radio"/> 1-30 mins <input type="radio"/> 3-4 hrs <input type="radio"/> 5 hrs or more <input type="radio"/> 1-2 hrs
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<b>Conditioning exercises-moderate effort:</b> walking for exercise, low impact aerobics, health club machines <input type="radio"/> No <input checked="" type="radio"/> Yes →	<b>Years in period?</b> <input type="radio"/> 0-1-2 <input type="radio"/> 0-5-6 <input type="radio"/> 0-7-8 <input type="radio"/> 0-3-4	<b>Months/year?</b> <input type="radio"/> 0-1-3 <input type="radio"/> 0-7-9 <input type="radio"/> 0-4-6 <input type="radio"/> 0-10-12	<b>Days per month or week?</b> <input type="radio"/> 0-0-1 days/month <input type="radio"/> 0-2-3 days/week <input type="radio"/> 0-4-5 days/week <input type="radio"/> 0-6-7 days/week	<b>Hours (minutes) per day?</b> <input type="radio"/> 1-15 mins <input type="radio"/> 1-2 hrs <input type="radio"/> 3 hrs or more <input type="radio"/> 31-60 mins
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<b>Conditioning exercises-vigorous effort:</b> step aerobics, run/jogging, karate, swimming laps, cycling <input type="radio"/> No <input checked="" type="radio"/> Yes →	<b>Years in period?</b> <input type="radio"/> 0-1-2 <input type="radio"/> 0-5-6 <input type="radio"/> 0-7-8 <input type="radio"/> 0-3-4	<b>Months/year?</b> <input type="radio"/> 0-1-3 <input type="radio"/> 0-7-9 <input type="radio"/> 0-4-6 <input type="radio"/> 0-10-12	<b>Days per month or week?</b> <input type="radio"/> 0-0-1 days/month <input type="radio"/> 0-2-3 days/week <input type="radio"/> 0-4-5 days/week <input type="radio"/> 0-6-7 days/week	<b>Hours (minutes) per day?</b> <input type="radio"/> 1-10 mins <input type="radio"/> 1-20 mins <input type="radio"/> 11-20 mins <input type="radio"/> 21-40 mins
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<b>Strengthening exercises:</b> lifting weights, strength training, callisthenics, yoga, tai chi <input type="radio"/> No <input checked="" type="radio"/> Yes →	<b>Years in period?</b> <input type="radio"/> 0-1-2 <input type="radio"/> 0-5-6 <input type="radio"/> 0-7-8 <input type="radio"/> 0-3-4	<b>Months/year?</b> <input type="radio"/> 0-1-3 <input type="radio"/> 0-7-9 <input type="radio"/> 0-4-6 <input type="radio"/> 0-10-12	<b>Days per month or week?</b> <input type="radio"/> 0-0-1 days/month <input type="radio"/> 0-2-3 days/week <input type="radio"/> 0-4-5 days/week <input type="radio"/> 0-6-7 days/week	<b>Hours (minutes) per day?</b> <input type="radio"/> 1-15 mins <input type="radio"/> 1-2 hrs <input type="radio"/> 3 hrs or more <input type="radio"/> 31-60 mins
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<b>Sports:</b> tennis, basketball, soccer, racquetball <input type="radio"/> No <input checked="" type="radio"/> Yes →	<b>Years in period?</b> <input type="radio"/> 0-1-2 <input type="radio"/> 0-5-6 <input type="radio"/> 0-7-8 <input type="radio"/> 0-3-4	<b>Months/year?</b> <input type="radio"/> 0-1-3 <input type="radio"/> 0-7-9 <input type="radio"/> 0-4-6 <input type="radio"/> 0-10-12	<b>Days per month or week?</b> <input type="radio"/> 0-0-1 days/month <input type="radio"/> 0-2-3 days/week <input type="radio"/> 0-4-5 days/week <input type="radio"/> 0-6-7 days/week	<b>Hours (minutes) per day?</b> <input type="radio"/> 1-15 mins <input type="radio"/> 1-2 hrs <input type="radio"/> 3 hrs or more <input type="radio"/> 31-60 mins
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For the period when you were **age 20 to 34 years** review the activity categories below (first column) and indicate if these activities apply (Yes or No). If YES, record; (1) How many years, (2) How often per year, (3) How often per month, and (4) How long you did this type of activity, or ones like them. (Please go to the next section if none of these activities apply to you.)

### Household Activity

(1) How many years? (2) How often per year? (3) How often per month? (4) How long each day?

		Years in period?	Months/year?	Days per month or week?	Hours (minutes) per day?
<input type="radio"/> No	<input checked="" type="radio"/> Yes →	<input type="radio"/> 1-3	<input type="radio"/> 10-12	<input type="radio"/> 0-1 days/month	<input type="radio"/> 1-30 mins
<input type="radio"/> No	<input checked="" type="radio"/> Yes →	<input type="radio"/> 4-6	<input type="radio"/> 13-15	<input type="radio"/> 0-1 days/month	<input type="radio"/> 3-4 hrs
<input type="radio"/> No	<input checked="" type="radio"/> Yes →	<input type="radio"/> 7-9		<input type="radio"/> 2-3 days/month	<input type="radio"/> 5 hrs or more

		Years in period?	Months/year?	Days per month or week?	Hours (minutes) per day?
<input type="radio"/> No	<input checked="" type="radio"/> Yes →	<input type="radio"/> 1-3	<input type="radio"/> 10-12	<input type="radio"/> 0-1 days/month	<input type="radio"/> 1-15 mins
<input type="radio"/> No	<input checked="" type="radio"/> Yes →	<input type="radio"/> 4-6	<input type="radio"/> 13-15	<input type="radio"/> 0-1 days/month	<input type="radio"/> 1-2 hrs
<input type="radio"/> No	<input checked="" type="radio"/> Yes →	<input type="radio"/> 7-9		<input type="radio"/> 2-3 days/month	<input type="radio"/> 3 hrs or more

		Years in period?	Months/year?	Days per month or week?	Hours (minutes) per day?
<input type="radio"/> No	<input checked="" type="radio"/> Yes →	<input type="radio"/> 1-3	<input type="radio"/> 10-12	<input type="radio"/> 0-1 days/month	<input type="radio"/> 1-15 mins
<input type="radio"/> No	<input checked="" type="radio"/> Yes →	<input type="radio"/> 4-6	<input type="radio"/> 13-15	<input type="radio"/> 0-1 days/month	<input type="radio"/> 1-2 hrs
<input type="radio"/> No	<input checked="" type="radio"/> Yes →	<input type="radio"/> 7-9		<input type="radio"/> 2-3 days/month	<input type="radio"/> 3 hrs or more

		Years in period?	Months/year?	Days per month or week?	Hours (minutes) per day?
<input type="radio"/> No	<input checked="" type="radio"/> Yes →	<input type="radio"/> 1-3	<input type="radio"/> 10-12	<input type="radio"/> 0-1 days/month	<input type="radio"/> 1-15 mins
<input type="radio"/> No	<input checked="" type="radio"/> Yes →	<input type="radio"/> 4-6	<input type="radio"/> 13-15	<input type="radio"/> 0-1 days/month	<input type="radio"/> 1-2 hrs
<input type="radio"/> No	<input checked="" type="radio"/> Yes →	<input type="radio"/> 7-9		<input type="radio"/> 2-3 days/month	<input type="radio"/> 3 hrs or more

### Occupational & Volunteer Activities (if these questions do not apply to you please go to the next page)

		Years in period?	Months/year?	Days per month or week?	Hours (minutes) per day?
<input type="radio"/> No	<input checked="" type="radio"/> Yes →	<input type="radio"/> 1-3	<input type="radio"/> 10-12	<input type="radio"/> 0-1 days/month	<input type="radio"/> 1-30 mins
<input type="radio"/> No	<input checked="" type="radio"/> Yes →	<input type="radio"/> 4-6	<input type="radio"/> 13-15	<input type="radio"/> 0-1 days/month	<input type="radio"/> 2-3 hrs
<input type="radio"/> No	<input checked="" type="radio"/> Yes →	<input type="radio"/> 7-9		<input type="radio"/> 1 day/week	<input type="radio"/> 4-5 hrs

		Years in period?	Months/year?	Days per month or week?	Hours (minutes) per day?
<input type="radio"/> No	<input checked="" type="radio"/> Yes →	<input type="radio"/> 1-3	<input type="radio"/> 10-12	<input type="radio"/> 0-1 days/month	<input type="radio"/> 1-30 mins
<input type="radio"/> No	<input checked="" type="radio"/> Yes →	<input type="radio"/> 4-6	<input type="radio"/> 13-15	<input type="radio"/> 0-1 days/month	<input type="radio"/> 2-3 hrs
<input type="radio"/> No	<input checked="" type="radio"/> Yes →	<input type="radio"/> 7-9		<input type="radio"/> 1 day/week	<input type="radio"/> 4-5 hrs

		Years in period?	Months/year?	Days per month or week?	Hours (minutes) per day?
<input type="radio"/> No	<input checked="" type="radio"/> Yes →	<input type="radio"/> 1-3	<input type="radio"/> 10-12	<input type="radio"/> 0-1 days/month	<input type="radio"/> 1-30 mins
<input type="radio"/> No	<input checked="" type="radio"/> Yes →	<input type="radio"/> 4-6	<input type="radio"/> 13-15	<input type="radio"/> 0-1 days/month	<input type="radio"/> 2-3 hrs
<input type="radio"/> No	<input checked="" type="radio"/> Yes →	<input type="radio"/> 7-9		<input type="radio"/> 1 day/week	<input type="radio"/> 4-5 hrs

**Leisure, Recreation, and Exercise Activities**ID     

For the period when you were **age 20 to 34 years** review the activity categories below (first column) and indicate if these activities apply (Yes or No). If YES, record; (1) How many years, (2) How often per year, (3) How often per month, and (4) How long you did this type of activity, or ones like them. (Please go to the next page if none of these activities apply to you.)

**Leisure Activity**

(1) How many years? (2) How often per year?

Leisure activities:	Years in period?	Months/year?	Days per month or week?	Hours (minutes) per day?
Watching TV or movies, reading, sewing, knitting, or quilting	<input type="radio"/> 0-1-2	<input type="radio"/> 0-5-6	<input type="radio"/> 0-1-3	<input type="radio"/> 0-1 hr <input type="radio"/> 6-7 hrs <input type="radio"/> 8 hrs or more
<input type="radio"/> Yes	<input type="radio"/> 0-3-4	<input type="radio"/> 0-7-8	<input type="radio"/> 0-4-6	<input type="radio"/> 2-3 hrs <input type="radio"/> 4-5 hrs <input type="radio"/> 6-7 days/week
<input type="radio"/> No				

→

**Recreational activity:**

(3) How often per month?

Recreational activity:	Years in period?	Months/year?	Days per month or week?	Hours (minutes) per day?
Social dancing, hiking, cycling, golfing	<input type="radio"/> 0-1-2	<input type="radio"/> 0-5-6	<input type="radio"/> 0-1-3	<input type="radio"/> 0-15 mins <input type="radio"/> 3-4 hrs <input type="radio"/> 5 hrs or more
<input type="radio"/> Yes	<input type="radio"/> 0-3-4	<input type="radio"/> 0-7-8	<input type="radio"/> 0-4-6	<input type="radio"/> 1-30 mins <input type="radio"/> 31-60 mins <input type="radio"/> 1-2 hrs

→

**Conditioning exercises-moderate effort:**

(4) How long each day?

Conditioning exercises-moderate effort:	Years in period?	Months/year?	Days per month or week?	Hours (minutes) per day?
walking for exercise, low impact aerobics, health club machines	<input type="radio"/> 0-1-2	<input type="radio"/> 0-5-6	<input type="radio"/> 0-1-3	<input type="radio"/> 0-15 mins <input type="radio"/> 3-4 hrs <input type="radio"/> 5 hrs or more
<input type="radio"/> Yes	<input type="radio"/> 0-3-4	<input type="radio"/> 0-7-8	<input type="radio"/> 0-4-6	<input type="radio"/> 1-30 mins <input type="radio"/> 31-60 mins <input type="radio"/> 1-2 hrs

→

**Conditioning exercises-vigorous effort:**

(3) How often per month?

Conditioning exercises-vigorous effort:	Years in period?	Months/year?	Days per month or week?	Hours (minutes) per day?
step aerobics, run/jogging, karate, swimming laps, cycling	<input type="radio"/> 0-1-2	<input type="radio"/> 0-5-6	<input type="radio"/> 0-1-3	<input type="radio"/> 0-10 mins <input type="radio"/> 11-20 mins <input type="radio"/> 21-40 mins
<input type="radio"/> Yes	<input type="radio"/> 0-3-4	<input type="radio"/> 0-7-8	<input type="radio"/> 0-4-6	<input type="radio"/> 2-3 days/week <input type="radio"/> 4-5 days/week <input type="radio"/> 6-7 days/week

→

**Strengthening exercises:**

(4) How long each day?

Strengthening exercises:	Years in period?	Months/year?	Days per month or week?	Hours (minutes) per day?
lifting weights, strength training, callisthenics, yoga, tai chi	<input type="radio"/> 0-1-2	<input type="radio"/> 0-5-6	<input type="radio"/> 0-1-3	<input type="radio"/> 0-15 mins <input type="radio"/> 1-2 hrs <input type="radio"/> 3 hrs or more
<input type="radio"/> Yes	<input type="radio"/> 0-3-4	<input type="radio"/> 0-7-8	<input type="radio"/> 0-4-6	<input type="radio"/> 2-3 days/week <input type="radio"/> 4-5 days/week <input type="radio"/> 6-7 days/week

→

**Sports:**

(3) How often per month?

Sports:	Years in period?	Months/year?	Days per month or week?	Hours (minutes) per day?
tennis, basketball, soccer, racquetball	<input type="radio"/> 0-1-2	<input type="radio"/> 0-5-6	<input type="radio"/> 0-1-3	<input type="radio"/> 0-15 mins <input type="radio"/> 1-2 hrs <input type="radio"/> 3 hrs or more
<input type="radio"/> Yes	<input type="radio"/> 0-3-4	<input type="radio"/> 0-7-8	<input type="radio"/> 0-4-6	<input type="radio"/> 2-3 days/week <input type="radio"/> 4-5 days/week <input type="radio"/> 6-7 days/week

**Household, Occupational, and Volunteer Activities****ID**

For the period when you were **age 35 to 49 years** review the activity categories below (first column) and indicate if these activities apply (Yes or No). If YES, record; (1) How many years, (2) How often per year, (3) How often per month, and (4) How long you did this type of activity, or ones like them. (Please go to the next section if none of these activities apply to you.)

**Household Activity**

(1) How many years? (2) How often per year? (3) How often per month? (4) How long each day?

Light chores:		Years in period?	Months/year?	Days per month or week?	Hours (minutes) per day?
<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> 1-3	<input type="radio"/> 10-12	<input type="radio"/> 0 1-3	<input type="radio"/> 0 1-30 mins
		<input type="radio"/> 4-6	<input type="radio"/> 13-15	<input type="radio"/> 0 7-9	<input type="radio"/> 0 3-4 hrs
		<input type="radio"/> 7-9		<input type="radio"/> 0 2-3 days/month	<input type="radio"/> 0 5 hrs or more
				<input type="radio"/> 0 1 day/week	<input type="radio"/> 0 1-2 hrs

Moderate to vigorous chores:		Years in period?	Months/year?	Days per month or week?	Hours (minutes) per day?
<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> 1-3	<input type="radio"/> 10-12	<input type="radio"/> 0 1-3	<input type="radio"/> 0 1-15 mins
		<input type="radio"/> 4-6	<input type="radio"/> 13-15	<input type="radio"/> 0 7-9	<input type="radio"/> 0 1-2 hrs
		<input type="radio"/> 7-9		<input type="radio"/> 0 2-3 days/month	<input type="radio"/> 0 3 hrs or more
				<input type="radio"/> 0 1 day/week	<input type="radio"/> 0 31-60 mins

Lawn & garden:		Years in period?	Months/year?	Days per month or week?	Hours (minutes) per day?
<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> 1-3	<input type="radio"/> 10-12	<input type="radio"/> 0 1-3	<input type="radio"/> 0 1-30 mins
		<input type="radio"/> 4-6	<input type="radio"/> 13-15	<input type="radio"/> 0 7-9	<input type="radio"/> 0 3-4 hrs
		<input type="radio"/> 7-9		<input type="radio"/> 0 2-3 days/month	<input type="radio"/> 0 5 hrs or more
				<input type="radio"/> 0 1 day/week	<input type="radio"/> 0 31-60 mins

**Occupational & Volunteer Activities (If these questions do not apply to you please go to the next page)**

Sitting with light effort:		Years in period?	Months/year?	Days per month or week?	Hours (minutes) per day?
<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> 1-3	<input type="radio"/> 10-12	<input type="radio"/> 0 1-3	<input type="radio"/> 0 1 hr
		<input type="radio"/> 4-6	<input type="radio"/> 13-15	<input type="radio"/> 0 7-9	<input type="radio"/> 0 1-30 mins
		<input type="radio"/> 7-9		<input type="radio"/> 0 2-3 days/month	<input type="radio"/> 0 3-4 hrs
				<input type="radio"/> 0 1 day/week	<input type="radio"/> 0 4-5 hrs

Standing or slow walking:		Years in period?	Months/year?	Days per month or week?	Hours (minutes) per day?
<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> 1-3	<input type="radio"/> 10-12	<input type="radio"/> 0 1-3	<input type="radio"/> 0 2-3 days/week
		<input type="radio"/> 4-6	<input type="radio"/> 13-15	<input type="radio"/> 0 7-9	<input type="radio"/> 0 4-5 days/week
		<input type="radio"/> 7-9		<input type="radio"/> 0 10-12	<input type="radio"/> 0 4-6 days/week
				<input type="radio"/> 0 1 day/week	<input type="radio"/> 0 1-2 hrs

Standing moderate and vigorous effort:		Years in period?	Months/year?	Days per month or week?	Hours (minutes) per day?
<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> 1-3	<input type="radio"/> 10-12	<input type="radio"/> 0 1-3	<input type="radio"/> 0 1-30 mins
		<input type="radio"/> 4-6	<input type="radio"/> 13-15	<input type="radio"/> 0 7-9	<input type="radio"/> 0 2-3 hrs
		<input type="radio"/> 7-9		<input type="radio"/> 0 10-12	<input type="radio"/> 0 3-4 hrs
				<input type="radio"/> 0 1 day/week	<input type="radio"/> 0 5 hrs or more

## Leisure, Recreation, and Exercise Activities

ID 

For the period when you were **age 35 to 49 years** review the activity categories below (first column) and indicate if these activities apply (Yes or No). If YES, record; (1) How many years, (2) How often per year, (3) How often per month, and (4) How long you did this type of activity, or ones like them. (Please go to the next page if none of these activities apply to you.)

Leisure Activity		(1) How many years? (2) How often per year?		(3) How often per month?		(4) How long each day?	
<b>Leisure activities:</b> Watching TV or movies, reading, sewing, knitting, or quilting	<input type="radio"/> Yes <input type="radio"/> No	<b>Years in period?</b> <input type="radio"/> 0-4 <input type="radio"/> 4-6 <input type="radio"/> 6-10 <input type="radio"/> 10-12 <input type="radio"/> 12-15 <input type="radio"/> 15-18 <input type="radio"/> 18-21 <input type="radio"/> 21-24 <input type="radio"/> 24-27 <input type="radio"/> 27-30 <input type="radio"/> 30-33 <input type="radio"/> 33-36 <input type="radio"/> 36-39 <input type="radio"/> 39-42 <input type="radio"/> 42-45 <input type="radio"/> 45-48 <input type="radio"/> 48-51 <input type="radio"/> 51-54 <input type="radio"/> 54-57 <input type="radio"/> 57-60 <input type="radio"/> 60-63 <input type="radio"/> 63-66 <input type="radio"/> 66-69 <input type="radio"/> 69-72 <input type="radio"/> 72-75 <input type="radio"/> 75-78 <input type="radio"/> 78-81 <input type="radio"/> 81-84 <input type="radio"/> 84-87 <input type="radio"/> 87-90 <input type="radio"/> 90-93 <input type="radio"/> 93-96 <input type="radio"/> 96-99 <input type="radio"/> 99-102 <input type="radio"/> 102-105 <input type="radio"/> 105-108 <input type="radio"/> 108-111 <input type="radio"/> 111-114 <input type="radio"/> 114-117 <input type="radio"/> 117-120 <input type="radio"/> 120-123 <input type="radio"/> 123-126 <input type="radio"/> 126-129 <input type="radio"/> 129-132 <input type="radio"/> 132-135 <input type="radio"/> 135-138 <input type="radio"/> 138-141 <input type="radio"/> 141-144 <input type="radio"/> 144-147 <input type="radio"/> 147-150 <input type="radio"/> 150-153 <input type="radio"/> 153-156 <input type="radio"/> 156-159 <input type="radio"/> 159-162 <input type="radio"/> 162-165 <input type="radio"/> 165-168 <input type="radio"/> 168-171 <input type="radio"/> 171-174 <input type="radio"/> 174-177 <input type="radio"/> 177-180 <input type="radio"/> 180-183 <input type="radio"/> 183-186 <input type="radio"/> 186-189 <input type="radio"/> 189-192 <input type="radio"/> 192-195 <input type="radio"/> 195-198 <input type="radio"/> 198-201 <input type="radio"/> 201-204 <input type="radio"/> 204-207 <input type="radio"/> 207-210 <input type="radio"/> 210-213 <input type="radio"/> 213-216 <input type="radio"/> 216-219 <input type="radio"/> 219-222 <input type="radio"/> 222-225 <input type="radio"/> 225-228 <input type="radio"/> 228-231 <input type="radio"/> 231-234 <input type="radio"/> 234-237 <input type="radio"/> 237-240 <input type="radio"/> 240-243 <input type="radio"/> 243-246 <input type="radio"/> 246-249 <input type="radio"/> 249-252 <input type="radio"/> 252-255 <input type="radio"/> 255-258 <input type="radio"/> 258-261 <input type="radio"/> 261-264 <input type="radio"/> 264-267 <input type="radio"/> 267-270 <input type="radio"/> 270-273 <input type="radio"/> 273-276 <input type="radio"/> 276-279 <input type="radio"/> 279-282 <input type="radio"/> 282-285 <input type="radio"/> 285-288 <input type="radio"/> 288-291 <input type="radio"/> 291-294 <input type="radio"/> 294-297 <input type="radio"/> 297-300 <input type="radio"/> 300-303 <input type="radio"/> 303-306 <input type="radio"/> 306-309 <input type="radio"/> 309-312 <input type="radio"/> 312-315 <input type="radio"/> 315-318 <input type="radio"/> 318-321 <input type="radio"/> 321-324 <input type="radio"/> 324-327 <input type="radio"/> 327-330 <input type="radio"/> 330-333 <input type="radio"/> 333-336 <input type="radio"/> 336-339 <input type="radio"/> 339-342 <input type="radio"/> 342-345 <input type="radio"/> 345-348 <input type="radio"/> 348-351 <input type="radio"/> 351-354 <input type="radio"/> 354-357 <input type="radio"/> 357-360 <input type="radio"/> 360-363 <input type="radio"/> 363-366 <input type="radio"/> 366-369 <input type="radio"/> 369-372 <input type="radio"/> 372-375 <input type="radio"/> 375-378 <input type="radio"/> 378-381 <input type="radio"/> 381-384 <input type="radio"/> 384-387 <input type="radio"/> 387-390 <input type="radio"/> 390-393 <input type="radio"/> 393-396 <input type="radio"/> 396-399 <input type="radio"/> 399-402 <input type="radio"/> 402-405 <input type="radio"/> 405-408 <input type="radio"/> 408-411 <input type="radio"/> 411-414 <input type="radio"/> 414-417 <input type="radio"/> 417-420 <input type="radio"/> 420-423 <input type="radio"/> 423-426 <input type="radio"/> 426-429 <input type="radio"/> 429-432 <input type="radio"/> 432-435 <input type="radio"/> 435-438 <input type="radio"/> 438-441 <input type="radio"/> 441-444 <input type="radio"/> 444-447 <input type="radio"/> 447-450 <input type="radio"/> 450-453 <input type="radio"/> 453-456 <input type="radio"/> 456-459 <input type="radio"/> 459-462 <input type="radio"/> 462-465 <input type="radio"/> 465-468 <input type="radio"/> 468-471 <input type="radio"/> 471-474 <input type="radio"/> 474-477 <input type="radio"/> 477-480 <input type="radio"/> 480-483 <input type="radio"/> 483-486 <input type="radio"/> 486-489 <input type="radio"/> 489-492 <input type="radio"/> 492-495 <input type="radio"/> 495-498 <input type="radio"/> 498-501 <input type="radio"/> 501-504 <input type="radio"/> 504-507 <input type="radio"/> 507-510 <input type="radio"/> 510-513 <input type="radio"/> 513-516 <input type="radio"/> 516-519 <input type="radio"/> 519-522 <input type="radio"/> 522-525 <input type="radio"/> 525-528 <input type="radio"/> 528-531 <input type="radio"/> 531-534 <input type="radio"/> 534-537 <input type="radio"/> 537-540 <input type="radio"/> 540-543 <input type="radio"/> 543-546 <input type="radio"/> 546-549 <input type="radio"/> 549-552 <input type="radio"/> 552-555 <input type="radio"/> 555-558 <input type="radio"/> 558-561 <input type="radio"/> 561-564 <input type="radio"/> 564-567 <input type="radio"/> 567-570 <input type="radio"/> 570-573 <input type="radio"/> 573-576 <input type="radio"/> 576-579 <input type="radio"/> 579-582 <input type="radio"/> 582-585 <input type="radio"/> 585-588 <input type="radio"/> 588-591 <input type="radio"/> 591-594 <input type="radio"/> 594-597 <input type="radio"/> 597-599 <input type="radio"/> 599-602 <input type="radio"/> 602-605 <input type="radio"/> 605-608 <input type="radio"/> 608-611 <input type="radio"/> 611-614 <input type="radio"/> 614-617 <input type="radio"/> 617-620 <input type="radio"/> 620-623 <input type="radio"/> 623-626 <input type="radio"/> 626-629 <input type="radio"/> 629-632 <input type="radio"/> 632-635 <input type="radio"/> 635-638 <input type="radio"/> 638-641 <input type="radio"/> 641-644 <input type="radio"/> 644-647 <input type="radio"/> 647-650 <input type="radio"/> 650-653 <input type="radio"/> 653-656 <input type="radio"/> 656-659 <input type="radio"/> 659-662 <input type="radio"/> 662-665 <input type="radio"/> 665-668 <input type="radio"/> 668-671 <input type="radio"/> 671-674 <input type="radio"/> 674-677 <input type="radio"/> 677-680 <input type="radio"/> 680-683 <input type="radio"/> 683-686 <input type="radio"/> 686-689 <input type="radio"/> 689-692 <input type="radio"/> 692-695 <input type="radio"/> 695-698 <input type="radio"/> 698-701 <input type="radio"/> 701-704 <input type="radio"/> 704-707 <input type="radio"/> 707-710 <input type="radio"/> 710-713 <input type="radio"/> 713-716 <input type="radio"/> 716-719 <input type="radio"/> 719-722 <input type="radio"/> 722-725 <input type="radio"/> 725-728 <input type="radio"/> 728-731 <input type="radio"/> 731-734 <input type="radio"/> 734-737 <input type="radio"/> 737-740 <input type="radio"/> 740-743 <input type="radio"/> 743-746 <input type="radio"/> 746-749 <input type="radio"/> 749-752 <input type="radio"/> 752-755 <input type="radio"/> 755-758 <input type="radio"/> 758-761 <input type="radio"/> 761-764 <input type="radio"/> 764-767 <input type="radio"/> 767-770 <input type="radio"/> 770-773 <input type="radio"/> 773-776 <input type="radio"/> 776-779 <input type="radio"/> 779-782 <input type="radio"/> 782-785 <input type="radio"/> 785-788 <input type="radio"/> 788-791 <input type="radio"/> 791-794 <input type="radio"/> 794-797 <input type="radio"/> 797-799 <input type="radio"/> 799-802 <input type="radio"/> 802-805 <input type="radio"/> 805-808 <input type="radio"/> 808-811 <input type="radio"/> 811-814 <input type="radio"/> 814-817 <input type="radio"/> 817-820 <input type="radio"/> 820-823 <input type="radio"/> 823-826 <input type="radio"/> 826-829 <input type="radio"/> 829-832 <input type="radio"/> 832-835 <input type="radio"/> 835-838 <input type="radio"/> 838-841 <input type="radio"/> 841-844 <input type="radio"/> 844-847 <input type="radio"/> 847-850 <input type="radio"/> 850-853 <input type="radio"/> 853-856 <input type="radio"/> 856-859 <input type="radio"/> 859-862 <input type="radio"/> 862-865 <input type="radio"/> 865-868 <input type="radio"/> 868-871 <input type="radio"/> 871-874 <input type="radio"/> 874-877 <input type="radio"/> 877-880 <input type="radio"/> 880-883 <input type="radio"/> 883-886 <input type="radio"/> 886-889 <input type="radio"/> 889-892 <input type="radio"/> 892-895 <input type="radio"/> 895-898 <input type="radio"/> 898-901 <input type="radio"/> 901-904 <input type="radio"/> 904-907 <input type="radio"/> 907-910 <input type="radio"/> 910-913 <input type="radio"/> 913-916 <input type="radio"/> 916-919 <input type="radio"/> 919-922 <input type="radio"/> 922-925 <input type="radio"/> 925-928 <input type="radio"/> 928-931 <input type="radio"/> 931-934 <input type="radio"/> 934-937 <input type="radio"/> 937-940 <input type="radio"/> 940-943 <input type="radio"/> 943-946 <input type="radio"/> 946-949 <input type="radio"/> 949-952 <input type="radio"/> 952-955 <input type="radio"/> 955-958 <input type="radio"/> 958-961 <input type="radio"/> 961-964 <input type="radio"/> 964-967 <input type="radio"/> 967-970 <input type="radio"/> 970-973 <input type="radio"/> 973-976 <input type="radio"/> 976-979 <input type="radio"/> 979-982 <input type="radio"/> 982-985 <input type="radio"/> 985-988 <input type="radio"/> 988-991 <input type="radio"/> 991-994 <input type="radio"/> 994-997 <input type="radio"/> 997-999 <input type="radio"/> 999-1002 <input type="radio"/> 1002-1005 <input type="radio"/> 1005-1008 <input type="radio"/> 1008-1011 <input type="radio"/> 1011-1014 <input type="radio"/> 1014-1017 <input type="radio"/> 1017-1020 <input type="radio"/> 1020-1023 <input type="radio"/> 1023-1026 <input type="radio"/> 1026-1029 <input type="radio"/> 1029-1032 <input type="radio"/> 1032-1035 <input type="radio"/> 1035-1038 <input type="radio"/> 1038-1041 <input type="radio"/> 1041-1044 <input type="radio"/> 1044-1047 <input type="radio"/> 1047-1050 <input type="radio"/> 1050-1053 <input type="radio"/> 1053-1056 <input type="radio"/> 1056-1059 <input type="radio"/> 1059-1062 <input type="radio"/> 1062-1065 <input type="radio"/> 1065-1068 <input type="radio"/> 1068-1071 <input type="radio"/> 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1626-1629 <input type="radio"/> 1629-1632 <input type="radio"/> 1632-1635 <input type="radio"/> 1635-1638 <input type="radio"/> 1638-1641 <input type="radio"/> 1641-1644 <input type="radio"/> 1644-1647 <input type="radio"/> 1647-1650 <input type="radio"/> 1650-1653 <input type="radio"/> 1653-1656 <input type="radio"/> 1656-1659 <input type="radio"/> 1659-1662 <input type="radio"/> 1662-1665 <input type="radio"/> 1665-1668 <input type="radio"/> 1668-1671 <input type="radio"/> 1671-1674 <input type="radio"/> 1674-1677 <input type="radio"/> 1677-1680 <input type="radio"/> 1680-1683 <input type="radio"/> 1683-1686 <input type="radio"/> 1686-1689 <input type="radio"/> 1689-1692 <input type="radio"/> 1692-1695 <input type="radio"/> 1695-1698 <input type="radio"/> 1698-1701 <input type="radio"/> 1701-1704 <input type="radio"/> 1704-1707 <input type="radio"/> 1707-1710 <input type="radio"/> 1710-1713 <input type="radio"/> 1713-1716 <input type="radio"/> 1716-1719 <input type="radio"/> 1719-1722 <input type="radio"/> 1722-1725 <input type="radio"/> 1725-1728 <input type="radio"/> 1728-1731 <input type="radio"/> 1731-1734 <input type="radio"/> 1734-1737 <input type="radio"/> 1737-1740 <input type="radio"/> 1740-1743 <input type="radio"/> 1743-1746 <input type="radio"/> 1746-1749 <input type="radio"/> 1749-1752 <input type="radio"/> 1752-1755 <input type="radio"/> 1755-1758 <input type="radio"/> 1758-1761 <input type="radio"/> 1761-1764 <input type="radio"/> 1764-1767 <input type="radio"/> 1767-1770 <input type="radio"/> 1770-1773 <input type="radio"/> 1773-1776 <input type="radio"/> 1776-1779 <input type="radio"/> 1779-1782 <input type="radio"/> 1782-1785 <input type="radio"/> 1785-1788 <input type="radio"/> 1788-1791 <input type="radio"/> 1791-1794 <input type="radio"/> 1794-1797 <input type="radio"/> 1797-1799 <input type="radio"/> 1799-1802 <input type="radio"/> 1802-1805 <input type="radio"/> 1805-1808 <input type="radio"/> 1808-1811 <input type="radio"/> 1811-1814 <input type="radio"/> 1814-1817 <input type="radio"/> 1817-1820 <input type="radio"/> 1820-1823 <input type="radio"/> 1823-1826 <input type="radio"/> 1826-1829 <input type="radio"/> 1829-1832 <input type="radio"/> 1832-1835 <input type="radio"/> 1835-1838 <input type="radio"/> 1838-1841 <input type="radio"/> 1841-1844 <input type="radio"/> 1844-1847 <input type="radio"/> 1847-1850 <input type="radio"/> 1850-1853 <input type="radio"/> 1853-1856 <input type="radio"/> 1856-1859 <input type="radio"/> 1859-1862 <input type="radio"/> 1862-1865 <input type="radio"/> 1865-1868 <input type="radio"/> 1868-1871 <input type="radio"/> 1871-1874 <input type="radio"/> 1874-1877 <input type="radio"/> 1877-1880 <input type="radio"/> 1880-1883 <input type="radio"/> 1883-1886 <input type="radio"/> 1886-1889 <input type="radio"/> 1889-1892 <input type="radio"/> 1892-1895 <input type="radio"/> 1895-1898 <input type="radio"/> 1898-1901 <input type="radio"/> 1901-1904 <input type="radio"/> 1904-1907 <input type="radio"/> 1907-1910 <input type="radio"/> 1910-1913 <input type="radio"/> 1913-1916 <input type="radio"/> 1916-1919 <input type="radio"/> 1919-1922 <input type="radio"/> 1922-1925 <input type="radio"/> 1925-1928 <input type="radio"/> 1928-1931 <input type="radio"/> 1931-1934 <input type="radio"/> 1934-1937 <input type="radio"/> 1937-1940 <input type="radio"/> 1940-1943 <input type="radio"/> 1943-1946 <input type="radio"/> 1946-1949 <input type="radio"/> 1949-1952 <input type="radio"/> 1952-1955 <input type="radio"/> 1955-1958 <input type="radio"/> 1958-1961 <input type="radio"/> 1961-1964 <input type="radio"/> 1964-1967 <input type="radio"/> 1967-1970 <input type="radio"/> 1970-1973 <input type="radio"/> 1973-1976 <input type="radio"/> 1976-1979 <input type="radio"/> 1979-1982 <input type="radio"/> 1982-1985 <input type="radio"/> 1985-1988 <input type="radio"/> 1988-1991 <input type="radio"/> 1991-1994 <input type="radio"/> 1994-1997 <input type="radio"/> 1997-1999 <input type="radio"/> 1999-2002 <input type="radio"/> 2002-2005 <input type="radio"/> 2005-2008 <input type="radio"/> 2008-2011 <input type="radio"/> 2011-2014 <input type="radio"/> 2014-2017 <input type="radio"/> 2017-2020 <input type="radio"/> 2020-2023 <input type="radio"/> 2023-2026 <input type="radio"/> 2026-2029 <input type="radio"/> 2029-2032 <input type="radio"/> 2032-2035 <input type="radio"/> 2035-2038 <input type="radio"/> 2038-2041 <input type="radio"/> 2041-2044 <input type="radio"/> 2044-2047 <input type="radio"/> 2047-2050 <input type="radio"/> 2050-2053 <input type="radio"/> 2053-2056 <input type="radio"/> 2056-2059 <input type="radio"/> 2059-2					

**Household, Occupational, and Volunteer Activities**

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**ID**

For the period when you were **age 50 to 65 years** review the activity categories below (first column) and indicate if these activities apply (Yes or No). If YES, record; (1) How many years, (2) How often per year, (3) How often per month, and (4) How long you did this type of activity, or ones like them. (Please go to the next section if none of these activities apply to you.)

**Household Activity**

(1) How many years? (2) How often per year?

(3) How often per month?

(4) How long each day?

Light chores: Cooking, cleaning up, laundry, dusting, shopping		Years in period?	Months/year?	Days per month or week?	Days per month or week?	Hours (minutes) per day?
<input type="radio"/> No	<input checked="" type="radio"/> Yes	○ 1-3	○ 1-3	○ 0-1 days/month	○ 2-3 days/week	○ 1-30 mins
<input type="radio"/> No	<input checked="" type="radio"/> Yes	○ 4-6	○ 13-15	○ 0-1 days/month	○ 4-5 days/week	○ 3-4 hrs
<input type="radio"/> No	<input checked="" type="radio"/> Yes	○ 7-9	○ 10-12	○ 1 day/week	○ 6-7 days/week	○ 5 hrs or more

Moderate to vigorous chores: Scrubbing floors/bath, vacuuming, sweeping, mopping, washing car		Years in period?	Months/year?	Days per month or week?	Days per month or week?	Hours (minutes) per day?
<input type="radio"/> No	<input checked="" type="radio"/> Yes	○ 1-3	○ 10-12	○ 0-1 days/month	○ 2-3 days/week	○ 1-15 mins
<input type="radio"/> No	<input checked="" type="radio"/> Yes	○ 4-6	○ 13-15	○ 0-1 days/month	○ 4-5 days/week	○ 1-2 hrs
<input type="radio"/> No	<input checked="" type="radio"/> Yes	○ 7-9	○ 10-12	○ 1 day/week	○ 6-7 days/week	○ 3 hrs or more

Lawn & garden: Mowing lawn (walking), raking leaves, heavy gardening, sweeping sidewalks		Years in period?	Months/year?	Days per month or week?	Days per month or week?	Hours (minutes) per day?
<input type="radio"/> No	<input checked="" type="radio"/> Yes	○ 1-3	○ 10-12	○ 0-1 days/month	○ 2-3 days/week	○ 1-30 mins
<input type="radio"/> No	<input checked="" type="radio"/> Yes	○ 4-6	○ 13-15	○ 0-1 days/month	○ 4-5 days/week	○ 1-60 mins
<input type="radio"/> No	<input checked="" type="radio"/> Yes	○ 7-9	○ 10-12	○ 1 day/week	○ 6-7 days/week	○ 31-60 mins

**Occupational & Volunteer Activities (if these questions do not apply to you please go to the next page)**

Sitting with light effort: Desk or computer work, lab work, light assembly		Years in period?	Months/year?	Days per month or week?	Days per month or week?	Hours (minutes) per day?
<input type="radio"/> No	<input checked="" type="radio"/> Yes	○ 1-3	○ 10-12	○ 0-1 days/month	○ 2-3 days/week	○ 1 hr
<input type="radio"/> No	<input checked="" type="radio"/> Yes	○ 4-6	○ 13-15	○ 0-1 days/month	○ 4-5 days/week	○ 2-3 hrs
<input type="radio"/> No	<input checked="" type="radio"/> Yes	○ 7-9	○ 10-12	○ 1 day/week	○ 6-7 days/week	○ 4-5 hrs

Standing or slow walking: Making copies, filling, tending sales counter		Years in period?	Months/year?	Days per month or week?	Days per month or week?	Hours (minutes) per day?
<input type="radio"/> No	<input checked="" type="radio"/> Yes	○ 1-3	○ 10-12	○ 0-1 days/month	○ 2-3 days/week	○ 1-30 mins
<input type="radio"/> No	<input checked="" type="radio"/> Yes	○ 3-4	○ 13-15	○ 0-1 days/month	○ 4-5 days/week	○ 3-4 hrs
<input type="radio"/> No	<input checked="" type="radio"/> Yes	○ 7-9	○ 10-12	○ 1 day/week	○ 6-7 days/week	○ 5 hrs or more

Standing moderate and vigorous effort: brisk walking, waiting tables, nursing, custodial work, making deliveries		Years in period?	Months/year?	Days per month or week?	Days per month or week?	Hours (minutes) per day?
<input type="radio"/> No	<input checked="" type="radio"/> Yes	○ 1-3	○ 10-12	○ 0-1 days/month	○ 2-3 days/week	○ 1-30 mins
<input type="radio"/> No	<input checked="" type="radio"/> Yes	○ 4-6	○ 13-15	○ 0-1 days/month	○ 4-5 days/week	○ 31-60 mins
<input type="radio"/> No	<input checked="" type="radio"/> Yes	○ 7-9	○ 10-12	○ 1 day/week	○ 6-7 days/week	○ 1-2 hrs

Packet 1

Page 28

For the period when you were **age 50 to 65 years** review the activity categories below (first column) and indicate if these activities apply (Yes or No). If YES, record; (1) How many years, (2) How often per year, (3) How often per month, and (4) How long each day? (Please go to the next page if none of these activities apply to you.)

**Leisure Activity**

(1) **How many years?** (2) **How often per year?** (3) **How often per month?** (4) **How long each day?**

<b>Leisure activities:</b> Watching TV or movies; reading, sewing, knitting, or quilting	<b>Years in period?</b> <input type="radio"/> 0-1-3 <input type="radio"/> 0-10-12 <input type="radio"/> 0-4-6 <input type="radio"/> 0-13-15 <input checked="" type="radio"/> 0-7-9	<b>Months/year?</b> <input type="radio"/> 0-1 days/month <input type="radio"/> 0-1-3 <input type="radio"/> 0-7-9 <input type="radio"/> 0-4-6 <input type="radio"/> 0-10-12	<b>Days per month or week?</b> <input type="radio"/> 0-1 days/month <input type="radio"/> 0-2-3 days/month <input type="radio"/> 0-4-5 days/month <input type="radio"/> 0-6-7 days/month	<b>Hours (minutes) per day?</b> <input type="radio"/> 0-1 hr <input type="radio"/> 0-6-7 hrs <input type="radio"/> 0-8 hrs or more <input type="radio"/> 0-4-5 hrs
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<b>Recreational activity:</b> Social dancing, hiking, cycling, golfing	<b>Years in period?</b> <input type="radio"/> 0-1-3 <input type="radio"/> 0-10-12 <input type="radio"/> 0-4-6 <input checked="" type="radio"/> 0-7-9	<b>Months/year?</b> <input type="radio"/> 0-1-3 <input type="radio"/> 0-7-9 <input type="radio"/> 0-4-6 <input type="radio"/> 0-10-12	<b>Days per month or week?</b> <input type="radio"/> 0-1 days/month <input type="radio"/> 0-2-3 days/month <input type="radio"/> 0-1 day/week	<b>Hours (minutes) per day?</b> <input type="radio"/> 0-1-30 mins <input type="radio"/> 0-3-4 hrs <input type="radio"/> 0-5 hrs or more <input type="radio"/> 0-1-2 hrs
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<b>Conditioning exercises-moderate effort:</b> walking for exercise, low impact aerobics, health club machines	<b>Years in period?</b> <input type="radio"/> 0-1-3 <input type="radio"/> 0-10-12 <input type="radio"/> 0-4-6 <input checked="" type="radio"/> 0-7-9	<b>Months/year?</b> <input type="radio"/> 0-1-3 <input type="radio"/> 0-7-9 <input type="radio"/> 0-4-6 <input type="radio"/> 0-10-12	<b>Days per month or week?</b> <input type="radio"/> 0-1 days/month <input type="radio"/> 0-2-3 days/month <input type="radio"/> 0-1 day/week	<b>Hours (minutes) per day?</b> <input type="radio"/> 0-1-15 mins <input type="radio"/> 0-1-2 hrs <input type="radio"/> 0-3 hrs or more <input type="radio"/> 0-16-30 mins <input type="radio"/> 0-31-60 mins
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<b>Conditioning exercises-vigorous effort:</b> step aerobics, run/jogging, karate, swimming laps, cycling	<b>Years in period?</b> <input type="radio"/> 0-1-3 <input type="radio"/> 0-10-12 <input type="radio"/> 0-4-6 <input checked="" type="radio"/> 0-7-9	<b>Months/year?</b> <input type="radio"/> 0-1-3 <input type="radio"/> 0-7-9 <input type="radio"/> 0-4-6 <input type="radio"/> 0-10-12	<b>Days per month or week?</b> <input type="radio"/> 0-1 days/month <input type="radio"/> 0-2-3 days/month <input type="radio"/> 0-1 day/week	<b>Hours (minutes) per day?</b> <input type="radio"/> 0-1-10 mins <input type="radio"/> 0-1-2 hrs <input type="radio"/> 0-1 hr or more <input type="radio"/> 0-11-20 mins <input type="radio"/> 0-21-40 mins
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<b>Strengthening exercises:</b> lifting weights, strength training, calisthenics, yoga, tai chi	<b>Years in period?</b> <input type="radio"/> 0-1-3 <input type="radio"/> 0-10-12 <input type="radio"/> 0-4-6 <input checked="" type="radio"/> 0-7-9	<b>Months/year?</b> <input type="radio"/> 0-1-3 <input type="radio"/> 0-7-9 <input type="radio"/> 0-4-6 <input type="radio"/> 0-10-12	<b>Days per month or week?</b> <input type="radio"/> 0-1 days/month <input type="radio"/> 0-2-3 days/month <input type="radio"/> 0-1 day/week	<b>Hours (minutes) per day?</b> <input type="radio"/> 0-1-15 mins <input type="radio"/> 0-1-2 hrs <input type="radio"/> 0-3 hrs or more <input type="radio"/> 0-16-30 mins <input type="radio"/> 0-31-60 mins
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<b>Sports:</b> tennis, basketball, soccer, racquetball	<b>Years in period?</b> <input type="radio"/> 0-1-3 <input type="radio"/> 0-10-12 <input type="radio"/> 0-4-6 <input checked="" type="radio"/> 0-7-9	<b>Months/year?</b> <input type="radio"/> 0-1-3 <input type="radio"/> 0-7-9 <input type="radio"/> 0-4-6 <input type="radio"/> 0-10-12	<b>Days per month or week?</b> <input type="radio"/> 0-1 days/month <input type="radio"/> 0-2-3 days/month <input type="radio"/> 0-1 day/week	<b>Hours (minutes) per day?</b> <input type="radio"/> 0-1-15 mins <input type="radio"/> 0-1-2 hrs <input type="radio"/> 0-3 hrs or more <input type="radio"/> 0-16-30 mins <input type="radio"/> 0-31-60 mins
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# PALMETTO WOMENS HEALTH STUDY

## Physical Activity in Last Year

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In the next several pages, we will now be asking you about your physical activity patterns over the past year (last 12 months).

### Household, Occupational, and Volunteer Activities

For each activity that applies to you (listed below), please record:

(1) **How many months**, (2) **How often per month**, and (3) **How long you did these activities**, or ones like them.  
 (Please go to the next page if none of these activities apply to you.)

#### Household Activity

##### (1) How often per year?

	Months/year?	Days per month or week?	Hours (minutes) per day?
<input type="radio"/> No	<input type="radio"/> 1-3	<input type="radio"/> 0-1 days/month	<input type="radio"/> 1-30 mins
<input checked="" type="radio"/> Yes	<input type="radio"/> 4-6	<input type="radio"/> 2-3 days/month	<input type="radio"/> 3-4 hrs
<input checked="" type="radio"/> Yes	<input type="radio"/> 10-12	<input type="radio"/> 1 day/week	<input type="radio"/> 5 hrs or more

##### (2) How often per month?

	Months/year?	Days per month or week?	Hours (minutes) per day?
<input type="radio"/> No	<input type="radio"/> 1-3	<input type="radio"/> 0-1 days/month	<input type="radio"/> 1-30 mins
<input checked="" type="radio"/> Yes	<input type="radio"/> 4-6	<input type="radio"/> 2-3 days/month	<input type="radio"/> 3-4 hrs
<input checked="" type="radio"/> Yes	<input type="radio"/> 10-12	<input type="radio"/> 1 day/week	<input type="radio"/> 5 hrs or more

##### (3) How long each day?

	Months/year?	Days per month or week?	Hours (minutes) per day?
<input type="radio"/> No	<input type="radio"/> 1-3	<input type="radio"/> 0-1 days/month	<input type="radio"/> 1-15 mins
<input checked="" type="radio"/> Yes	<input type="radio"/> 4-6	<input type="radio"/> 2-3 days/month	<input type="radio"/> 1-2 hrs
<input checked="" type="radio"/> Yes	<input type="radio"/> 10-12	<input type="radio"/> 1 day/week	<input type="radio"/> 3 hrs or more

#### Lawn & garden

##### (1) How often per year?

	Months/year?	Days per month or week?	Hours (minutes) per day?
<input type="radio"/> No	<input type="radio"/> 1-3	<input type="radio"/> 0-1 days/month	<input type="radio"/> 1-15 mins
<input checked="" type="radio"/> Yes	<input type="radio"/> 4-6	<input type="radio"/> 2-3 days/month	<input type="radio"/> 1-2 hrs
<input checked="" type="radio"/> Yes	<input type="radio"/> 10-12	<input type="radio"/> 1 day/week	<input type="radio"/> 3 hrs or more

##### (2) How often per month?

	Months/year?	Days per month or week?	Hours (minutes) per day?
<input type="radio"/> No	<input type="radio"/> 1-3	<input type="radio"/> 0-1 days/month	<input type="radio"/> 1-15 mins
<input checked="" type="radio"/> Yes	<input type="radio"/> 4-6	<input type="radio"/> 2-3 days/month	<input type="radio"/> 1-2 hrs
<input checked="" type="radio"/> Yes	<input type="radio"/> 10-12	<input type="radio"/> 1 day/week	<input type="radio"/> 3 hrs or more

##### (3) How long each day?

	Months/year?	Days per month or week?	Hours (minutes) per day?
<input type="radio"/> No	<input type="radio"/> 1-3	<input type="radio"/> 0-1 days/month	<input type="radio"/> 1-15 mins
<input checked="" type="radio"/> Yes	<input type="radio"/> 4-6	<input type="radio"/> 2-3 days/month	<input type="radio"/> 1-2 hrs
<input checked="" type="radio"/> Yes	<input type="radio"/> 10-12	<input type="radio"/> 1 day/week	<input type="radio"/> 3 hrs or more

#### Lawn & garden Moderate

##### (1) How often per year?

	Months/year?	Days per month or week?	Hours (minutes) per day?
<input type="radio"/> No	<input type="radio"/> 1-3	<input type="radio"/> 0-1 days/month	<input type="radio"/> 1-15 mins
<input checked="" type="radio"/> Yes	<input type="radio"/> 4-6	<input type="radio"/> 2-3 days/month	<input type="radio"/> 1-2 hrs
<input checked="" type="radio"/> Yes	<input type="radio"/> 10-12	<input type="radio"/> 1 day/week	<input type="radio"/> 3 hrs or more

##### (2) How often per month?

	Months/year?	Days per month or week?	Hours (minutes) per day?
<input type="radio"/> No	<input type="radio"/> 1-3	<input type="radio"/> 0-1 days/month	<input type="radio"/> 1-15 mins
<input checked="" type="radio"/> Yes	<input type="radio"/> 4-6	<input type="radio"/> 2-3 days/month	<input type="radio"/> 1-2 hrs
<input checked="" type="radio"/> Yes	<input type="radio"/> 10-12	<input type="radio"/> 1 day/week	<input type="radio"/> 3 hrs or more

##### (3) How long each day?

	Months/year?	Days per month or week?	Hours (minutes) per day?
<input type="radio"/> No	<input type="radio"/> 1-3	<input type="radio"/> 0-1 days/month	<input type="radio"/> 1-15 mins
<input checked="" type="radio"/> Yes	<input type="radio"/> 4-6	<input type="radio"/> 2-3 days/month	<input type="radio"/> 1-2 hrs
<input checked="" type="radio"/> Yes	<input type="radio"/> 10-12	<input type="radio"/> 1 day/week	<input type="radio"/> 3 hrs or more

#### Lawn & garden Vigorous

##### (1) How often per year?

	Months/year?	Days per month or week?	Hours (minutes) per day?
<input type="radio"/> No	<input type="radio"/> 1-3	<input type="radio"/> 0-1 days/month	<input type="radio"/> 1-15 mins
<input checked="" type="radio"/> Yes	<input type="radio"/> 4-6	<input type="radio"/> 2-3 days/month	<input type="radio"/> 1-2 hrs
<input checked="" type="radio"/> Yes	<input type="radio"/> 10-12	<input type="radio"/> 1 day/week	<input type="radio"/> 3 hrs or more

##### (2) How often per month?

	Months/year?	Days per month or week?	Hours (minutes) per day?
<input type="radio"/> No	<input type="radio"/> 1-3	<input type="radio"/> 0-1 days/month	<input type="radio"/> 1-15 mins
<input checked="" type="radio"/> Yes	<input type="radio"/> 4-6	<input type="radio"/> 2-3 days/month	<input type="radio"/> 1-2 hrs
<input checked="" type="radio"/> Yes	<input type="radio"/> 10-12	<input type="radio"/> 1 day/week	<input type="radio"/> 3 hrs or more

##### (3) How long each day?

	Months/year?	Days per month or week?	Hours (minutes) per day?
<input type="radio"/> No	<input type="radio"/> 1-3	<input type="radio"/> 0-1 days/month	<input type="radio"/> 1-15 mins
<input checked="" type="radio"/> Yes	<input type="radio"/> 4-6	<input type="radio"/> 2-3 days/month	<input type="radio"/> 1-2 hrs
<input checked="" type="radio"/> Yes	<input type="radio"/> 10-12	<input type="radio"/> 1 day/week	<input type="radio"/> 3 hrs or more

**Occupational & Volunteer Activities (if these questions do not apply to you please go to the next section)****Activity** (1) How often per year? (2) How often per month? (3) How long each day?

<b>Sitting with light effort:</b> desk or computer work, lab work	<b>Months/year?</b> <input type="radio"/> 1-3 <input type="radio"/> 7-9 <input type="radio"/> 4-6 <input type="radio"/> 10-12	<b>Days per month or week?</b> <input type="radio"/> 0-1 days/month <input type="radio"/> 2-3 days/week <input type="radio"/> 2-3 days/month <input type="radio"/> 4-5 days/week <input type="radio"/> 1 day/week <input type="radio"/> 6-7 days/week	<b>Hours (minutes) per day?</b> <input type="radio"/> 1 hr <input type="radio"/> 6-7 hrs <input type="radio"/> 2-3 hrs <input type="radio"/> 8 hrs or more <input type="radio"/> 4-5 hrs
<b>Standing or slow walking:</b> walking in office, making copies, filing	<b>Months/year?</b> <input type="radio"/> 1-3 <input type="radio"/> 7-9 <input type="radio"/> 4-6 <input type="radio"/> 10-12	<b>Days per month or week?</b> <input type="radio"/> 0-1 days/month <input type="radio"/> 2-3 days/week <input type="radio"/> 2-3 days/month <input type="radio"/> 4-5 days/week <input type="radio"/> 1 day/week <input type="radio"/> 6-7 days/week	<b>Hours (minutes) per day?</b> <input type="radio"/> 1-30 mins <input type="radio"/> 3-4 hrs <input type="radio"/> 31-60 mins <input type="radio"/> 5 hrs or more <input type="radio"/> 1-2 hrs
<b>Standing moderate effort:</b> brisk walking, waiting tables, nursing, custodial work	<b>Months/year?</b> <input type="radio"/> 1-3 <input type="radio"/> 7-9 <input type="radio"/> 4-6 <input type="radio"/> 10-12	<b>Days per month or week?</b> <input type="radio"/> 0-1 days/month <input type="radio"/> 2-3 days/week <input type="radio"/> 2-3 days/month <input type="radio"/> 4-5 days/week <input type="radio"/> 1 day/week <input type="radio"/> 6-7 days/week	<b>Hours (minutes) per day?</b> <input type="radio"/> 1-30 mins <input type="radio"/> 3-4 hrs <input type="radio"/> 31-60 mins <input type="radio"/> 5 hrs or more <input type="radio"/> 1-2 hrs
<b>Standing- vigorous effort:</b> manual labor, loading trucks, farming	<b>Months/year?</b> <input type="radio"/> 1-3 <input type="radio"/> 7-9 <input type="radio"/> 4-6 <input type="radio"/> 10-12	<b>Days per month or week?</b> <input type="radio"/> 0-1 days/month <input type="radio"/> 2-3 days/week <input type="radio"/> 2-3 days/month <input type="radio"/> 4-5 days/week <input type="radio"/> 1 day/week <input type="radio"/> 6-7 days/week	<b>Hours (minutes) per day?</b> <input type="radio"/> 1-30 mins <input type="radio"/> 3-4 hrs <input type="radio"/> 31-60 mins <input type="radio"/> 5 hrs or more <input type="radio"/> 1-2 hrs
<b>Light effort:</b> bathing, feeding, playing with child or animal	<b>Months/year?</b> <input type="radio"/> 1-3 <input type="radio"/> 7-9 <input type="radio"/> 4-6 <input type="radio"/> 10-12	<b>Days per month or week?</b> <input type="radio"/> 0-1 days/month <input type="radio"/> 2-3 days/week <input type="radio"/> 2-3 days/month <input type="radio"/> 4-5 days/week <input type="radio"/> 1 day/week <input type="radio"/> 6-7 days/week	<b>Hours (minutes) per day?</b> <input type="radio"/> 1-15 mins <input type="radio"/> 1-2 hrs <input type="radio"/> 16-30 mins <input type="radio"/> 3 hrs or more <input type="radio"/> 31-60 mins
<b>Moderate effort:</b> Lifting and carrying, pushing wheelchair or stroller	<b>Months/year?</b> <input type="radio"/> 1-3 <input type="radio"/> 7-9 <input type="radio"/> 4-6 <input type="radio"/> 10-12	<b>Days per month or week?</b> <input type="radio"/> 0-1 days/month <input type="radio"/> 2-3 days/week <input type="radio"/> 2-3 days/month <input type="radio"/> 4-5 days/week <input type="radio"/> 1 day/week <input type="radio"/> 6-7 days/week	<b>Hours (minutes) per day?</b> <input type="radio"/> 1-15 mins <input type="radio"/> 1-2 hrs <input type="radio"/> 16-30 mins <input type="radio"/> 3 hrs or more <input type="radio"/> 31-60 mins

**Caring for Children, Adults, or Animals (if these questions do not apply to you please go to the next section)**

<b>Light effort:</b> bathing, feeding, playing with child or animal	<b>Months/year?</b> <input type="radio"/> 1-3 <input type="radio"/> 7-9 <input type="radio"/> 4-6 <input type="radio"/> 10-12	<b>Days per month or week?</b> <input type="radio"/> 0-1 days/month <input type="radio"/> 2-3 days/week <input type="radio"/> 2-3 days/month <input type="radio"/> 4-5 days/week <input type="radio"/> 1 day/week <input type="radio"/> 6-7 days/week	<b>Hours (minutes) per day?</b> <input type="radio"/> 1-15 mins <input type="radio"/> 1-2 hrs <input type="radio"/> 16-30 mins <input type="radio"/> 3 hrs or more <input type="radio"/> 31-60 mins
<b>Moderate effort:</b> Lifting and carrying, pushing wheelchair or stroller	<b>Months/year?</b> <input type="radio"/> 1-3 <input type="radio"/> 7-9 <input type="radio"/> 4-6 <input type="radio"/> 10-12	<b>Days per month or week?</b> <input type="radio"/> 0-1 days/month <input type="radio"/> 2-3 days/week <input type="radio"/> 2-3 days/month <input type="radio"/> 4-5 days/week <input type="radio"/> 1 day/week <input type="radio"/> 6-7 days/week	<b>Hours (minutes) per day?</b> <input type="radio"/> 1-15 mins <input type="radio"/> 1-2 hrs <input type="radio"/> 16-30 mins <input type="radio"/> 3 hrs or more <input type="radio"/> 31-60 mins

**Sitting Activities (please skip to the next section, if these questions do not apply to you)****Activity**      (1) How often per year?      (2) How often per month?      (3) How long each day?

<b>Transportation (work):</b> driving or riding to work (in bus, car, or train)	<input type="radio"/> No	<input checked="" type="radio"/> Yes →
Months/year?	<input type="radio"/> 1-3	<input type="radio"/> 7-9
Days per month or week?	<input type="radio"/> 0-1 days/month	<input type="radio"/> 2-3 days/week
	<input type="radio"/> 2-3 days/month	<input type="radio"/> 4-5 days/week
	<input type="radio"/> 10-12	<input type="radio"/> 6-7 days/week

<b>Transportation (other):</b> driving or riding to do chores or errands (in car, bus, or train)	<input type="radio"/> No	<input checked="" type="radio"/> Yes →
Months/year?	<input type="radio"/> 1-3	<input type="radio"/> 7-9
Days per month or week?	<input type="radio"/> 0-1 days/month	<input type="radio"/> 2-3 days/week
	<input type="radio"/> 2-3 days/month	<input type="radio"/> 4-5 days/week
	<input type="radio"/> 10-12	<input type="radio"/> 6-7 days/week

<b>Watch TV or VCR:</b> sitting	<input type="radio"/> No	<input checked="" type="radio"/> Yes →
Months/year?	<input type="radio"/> 1-3	<input type="radio"/> 7-9
Days per month or week?	<input type="radio"/> 0-1 days/month	<input type="radio"/> 2-3 days/week
	<input type="radio"/> 2-3 days/month	<input type="radio"/> 4-5 days/week
	<input type="radio"/> 10-12	<input type="radio"/> 6-7 days/week

<b>Sitting:</b> read, knit, sew, visiting, using computer (not at work)	<input type="radio"/> No	<input checked="" type="radio"/> Yes →
Months/year?	<input type="radio"/> 1-3	<input type="radio"/> 7-9
Days per month or week?	<input type="radio"/> 0-1 days/month	<input type="radio"/> 2-3 days/week
	<input type="radio"/> 2-3 days/month	<input type="radio"/> 4-5 days/week
	<input type="radio"/> 10-12	<input type="radio"/> 6-7 days/week

**Leisure, Recreational, and Exercise Activities (if these questions do not apply to you please go to the next page)****Leisure Activity**      (1) How often per year?      (2) How often per month?      (3) How long each day?

<b>Walking for exercise:</b> (not at work)	<input type="radio"/> No	<input checked="" type="radio"/> Yes →
Months/year?	<input type="radio"/> 1-3	<input type="radio"/> 7-9
Days per month or week?	<input type="radio"/> 0-1 days/month	<input type="radio"/> 2-3 days/week
	<input type="radio"/> 2-3 days/month	<input type="radio"/> 4-5 days/week
	<input type="radio"/> 10-12	<input type="radio"/> 6-7 days/week

<b>Dancing:</b> (social or folk dancing)	<input type="radio"/> No	<input checked="" type="radio"/> Yes →
Months/year?	<input type="radio"/> 1-3	<input type="radio"/> 7-9
Days per month or week?	<input type="radio"/> 0-1 days/month	<input type="radio"/> 2-3 days/week
	<input type="radio"/> 2-3 days/month	<input type="radio"/> 4-5 days/week
	<input type="radio"/> 10-12	<input type="radio"/> 6-7 days/week

**Leisure, Recreational, and Exercise Activities (please skip to the next section, if these questions do not apply to you)****Activity****(1) How often per year?****(2) How often per month?****(3) How long each day?**

<b>Sports- moderate effort:</b> golf, softball, doubles tennis	<b>Months/year?</b> <input type="radio"/> 1-3 <input type="radio"/> 7-9 <input type="radio"/> 4-6 <input type="radio"/> 10-12	<b>Days per month or week?</b> <input type="radio"/> 0-1 days/month <input type="radio"/> 2-3 days/month <input type="radio"/> 1 day/week	<b>Hours (minutes) per day?</b> <input type="radio"/> 2-3 days/week <input type="radio"/> 4-5 days/week <input type="radio"/> 6-7 days/week
---	---	--	--

No    Yes →

<b>Sports- vigorous effort:</b> basketball, soccer, singles tennis, racquetball	<b>Months/year?</b> <input type="radio"/> 1-3 <input type="radio"/> 7-9 <input type="radio"/> 4-6 <input type="radio"/> 10-12	<b>Days per month or week?</b> <input type="radio"/> 0-1 days/month <input type="radio"/> 2-3 days/month <input type="radio"/> 1 day/week	<b>Hours (minutes) per day?</b> <input type="radio"/> 1-30 mins <input type="radio"/> 31-60 mins <input type="radio"/> 1-2 hrs
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No    Yes →

<b>Conditioning exercises- moderate effort:</b> low impact aerobics, health club machines	<b>Months/year?</b> <input type="radio"/> 1-3 <input type="radio"/> 7-9 <input type="radio"/> 4-6 <input type="radio"/> 10-12	<b>Days per month or week?</b> <input type="radio"/> 0-1 days/month <input type="radio"/> 2-3 days/month <input type="radio"/> 1 day/week	<b>Hours (minutes) per day?</b> <input type="radio"/> 1-15 mins <input type="radio"/> 16-30 mins <input type="radio"/> 1-2 hrs
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No    Yes →

<b>Conditioning exercises- vigorous effort:</b> step aerobics, run/jogging, swimming laps	<b>Months/year?</b> <input type="radio"/> 1-3 <input type="radio"/> 7-9 <input type="radio"/> 4-6 <input type="radio"/> 10-12	<b>Days per month or week?</b> <input type="radio"/> 0-1 days/month <input type="radio"/> 2-3 days/month <input type="radio"/> 1 day/week	<b>Hours (minutes) per day?</b> <input type="radio"/> 1-10 mins <input type="radio"/> 11-20 mins <input type="radio"/> 1 hr or more
---	---	--	--

No    Yes →

<b>Strengthening exercises:</b> lifting weights, strength training	<b>Months/year?</b> <input type="radio"/> 1-3 <input type="radio"/> 7-9 <input type="radio"/> 4-6 <input type="radio"/> 10-12	<b>Days per month or week?</b> <input type="radio"/> 0-1 days/month <input type="radio"/> 2-3 days/month <input type="radio"/> 1 day/week	<b>Hours (minutes) per day?</b> <input type="radio"/> 1-15 mins <input type="radio"/> 16-30 mins <input type="radio"/> 3 hrs or more
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No    Yes →

<b>Mind/Body exercises:</b> Tai Chi, Yoga, Qi Gong	<b>Months/year?</b> <input type="radio"/> 1-3 <input type="radio"/> 7-9 <input type="radio"/> 4-6 <input type="radio"/> 10-12	<b>Days per month or week?</b> <input type="radio"/> 0-1 days/month <input type="radio"/> 2-3 days/month <input type="radio"/> 1 day/week	<b>Hours (minutes) per day?</b> <input type="radio"/> 1-15 mins <input type="radio"/> 16-30 mins <input type="radio"/> 3 hrs or more
---	---	--	---

No    Yes →

**PALMETTO WOMEN'S  
HEALTH STUDY  
Personal Reaction Inventory**

**Date Form Completed**

Month

Day

Year

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**DIRECTIONS:** Listed below are a number of statements concerning personal attitudes and traits. Read each item and decide whether the statement is true or false as it pertains to you personally. Please darken the circle for true or for false. Please respond to each item. Do not leave any blank.

<b>STATEMENT</b>	<b>True</b>	<b>False</b>
1. Before voting, I thoroughly investigate the qualifications of all of the candidates.	<input type="radio"/>	<input type="radio"/>
2. I never hesitate to go out of my way to help someone in trouble.	<input type="radio"/>	<input type="radio"/>
3. It is sometimes hard for me to go on with my work if I am not encouraged.	<input type="radio"/>	<input type="radio"/>
4. I have never intensely disliked anyone.	<input type="radio"/>	<input type="radio"/>
5. On occasion I have had doubts about my ability to succeed in life.	<input type="radio"/>	<input type="radio"/>
6. I sometimes feel resentful when I don't get my way.	<input type="radio"/>	<input type="radio"/>
7. I am always careful about my manner of dress.	<input type="radio"/>	<input type="radio"/>
8. My table manners at home are as good as when I eat out in a restaurant.	<input type="radio"/>	<input type="radio"/>
9. If I could get into a movie without paying and be sure I was not seen, I would probably do it.	<input type="radio"/>	<input type="radio"/>
10. On a few occasions, I have given up doing something because I thought too little of my ability.	<input type="radio"/>	<input type="radio"/>
11. I like to gossip at times.	<input type="radio"/>	<input type="radio"/>
12. There have been times when I felt like rebelling against people in authority even though I knew they were right.	<input type="radio"/>	<input type="radio"/>
13. No matter who I am talking to, I am always a good listener.	<input type="radio"/>	<input type="radio"/>
14. I can remember "playing sick" to get out of something.	<input type="radio"/>	<input type="radio"/>

<b>STATEMENT</b>	<b>True</b>	<b>False</b>
15. There have been occasions when I took advantage of someone.	<input type="radio"/>	<input type="radio"/>
16. I am always willing to admit it when I make a mistake.	<input type="radio"/>	<input type="radio"/>
17. I always try to practice what I preach.	<input type="radio"/>	<input type="radio"/>
18. I don't find it particularly difficult to get along with loud-mouthed, obnoxious people.	<input type="radio"/>	<input type="radio"/>
19. I sometimes try to get even rather than forgive and forget.	<input type="radio"/>	<input type="radio"/>
20. When I don't know something, I don't at all mind admitting it.	<input type="radio"/>	<input type="radio"/>
21. I am always courteous, even to people who are disagreeable.	<input type="radio"/>	<input type="radio"/>
22. At times I have really insisted on having things my own way.	<input type="radio"/>	<input type="radio"/>
23. There have been occasions when I have felt like smashing things.	<input type="radio"/>	<input type="radio"/>
24. I would never think of letting someone else be punished for my wrong doings.	<input type="radio"/>	<input type="radio"/>
25. I never resent being able to return a favor.	<input type="radio"/>	<input type="radio"/>
26. I have never been irked when people expressed ideas very different from my own.	<input type="radio"/>	<input type="radio"/>
27. I never make a long trip without checking the safety of my car.	<input type="radio"/>	<input type="radio"/>
28. There have been times when I was quite jealous of the good fortune of others.	<input type="radio"/>	<input type="radio"/>
29. I have almost never felt the urge to tell someone off.	<input type="radio"/>	<input type="radio"/>
30. I am sometimes irritated by people who ask favors of me.	<input type="radio"/>	<input type="radio"/>
31. I have never felt that I was punished without cause.	<input type="radio"/>	<input type="radio"/>
32. I sometimes think when people have misfortune they only get what they deserve.	<input type="radio"/>	<input type="radio"/>
33. I have never deliberately said something that hurt someone's feelings.	<input type="radio"/>	<input type="radio"/>

**DIRECTIONS:** Below are twenty statements. Please rate how much you agree with each using the following scale. Please darken the circle for disagree strongly, for disagree, for no opinion, for agree, or for agree strongly. Please respond to each item. Do not leave any blank.

STATEMENT	Disagree Strongly	Disagree	No Opinion	Agree	Agree Strongly
1. Depending upon the people involved, I react to the same situation in different ways.	<input type="radio"/>				
2. I would rather be myself than be well thought of.	<input type="radio"/>				
3. Many times I feel like just flipping a coin in order to decide what I should do.	<input type="radio"/>				
4. I change my opinion (or the way that I do things) in order to please someone else.	<input type="radio"/>				
5. In order to get along and be liked, I tend to be what people expect me to be.	<input type="radio"/>				
6. I find it difficult to talk about my ideas if they are contrary to group opinion.	<input type="radio"/>				
7. One should avoid doing things in public which appear to be wrong to others, even though one knows that he/she is right.	<input type="radio"/>				
8. Sometimes I feel that I don't have enough control over the direction that my life is taking.	<input type="radio"/>				
9. It is better to be humble than assertive when dealing with people.	<input type="radio"/>				
10. I am willing to argue only if I know that my friends will back me up.	<input type="radio"/>				
11. If I hear that someone expresses a poor opinion of me, I do my best the next time that I see this person to make a good impression.	<input type="radio"/>				
12. I seldom feel the need to make excuses or apologize for my behavior.	<input type="radio"/>				
13. It is not important to me that I behave "properly" in social situations.	<input type="radio"/>				

STATEMENT	Disagree Strongly	Disagree	No Opinion	Agree	Agree Strongly
14. The best way to handle people is to agree with them and tell them what they want to hear.	<input type="radio"/>				
15. It is hard for me to go on with my work if I am not encouraged to do so.	<input type="radio"/>				
16. If there is any criticism or anyone says anything about me, I can take it.	<input type="radio"/>				
17. It is wise to flatter important people.	<input type="radio"/>				
18. I am careful at parties and social gatherings for fear that I will do or say things that others won't like.	<input type="radio"/>				
19. I usually do not change my position when people disagree with me.	<input type="radio"/>				
20. How many friends you have depends on how nice a person you are.	<input type="radio"/>				

46. What is the tallest you have ever been without shoes?  Feet  Inches

0	0
1	0
2	0
3	0
4	0
5	0
6	0
7	0
8	0
9	0

47. How old were you when you first reached this height?  Years

0	0
1	0
2	0
3	0
4	0
5	0
6	0
7	0
8	0
9	0

48. When you were not pregnant or nursing, how much did you weigh at the following times?

Age 18 Years

Pounds

0	0	0
1	0	0
2	0	0
3	0	0
4	0	0
5	0	0
6	0	0
7	0	0
8	0	0
9	0	0

Age 30 Years

Pounds

0	0	0
1	0	0
2	0	0
3	0	0
4	0	0
5	0	0
6	0	0
7	0	0
8	0	0
9	0	0

Age 50 Years

Pounds

0	0	0
1	0	0
2	0	0
3	0	0
4	0	0
5	0	0
6	0	0
7	0	0
8	0	0
9	0	0

5 Years Ago

Pounds

0	0	0
1	0	0
2	0	0
3	0	0
4	0	0
5	0	0
6	0	0
7	0	0
8	0	0
9	0	0

49. Before today, what is the most you have ever weighed when you were not pregnant or nursing (including the six months after pregnancy or nursing)?

Pounds

0	0	0
1	0	0
2	0	0
3	0	0
4	0	0
5	0	0
6	0	0
7	0	0
8	0	0
9	0	0

50. How old were you when you first reached your maximum adult weight?

Years

0	0
1	0
2	0
3	0
4	0
5	0
6	0
7	0
8	0
9	0

**51. Have you ever before been diagnosed with breast cancer?**

No (Please skip to #52)  
 Yes

**51a. If yes, please indicate the month and year.**

(If you do not know the month, please bubble in 99 for the month. If you do not know either the month or year, please bubble in "Don't Remember" located to the side.)

	Month	Year	
	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="radio"/> Don't Remember
1	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	
2	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	
3	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	
4	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	
5	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	
6	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	
7	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	
8	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	
9	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	
0	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	

**52. If you have recently been contacted by the breast clinic to have additional mammography views, an ultrasound, or a biopsy, do you know the results of all of these extra tests? (This is not the same as your annual mammogram)**

No  
 Yes

**PALMETTO WOMEN'S  
HEALTH STUDY  
Personal Reaction Inventory 2**

Date Form Completed

Month

Day

Year

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**DIRECTIONS:** Below is a list of common symptoms of anxiety. Please read each item in the list carefully. Indicate how much you have been bothered by each symptom during the PAST WEEK, INCLUDING TODAY.

SYMPTOMS	<u>Not at All</u>	<u>Mildly</u> It did not bother me much	<u>Moderately</u> It was very unpleasant but I could stand it	<u>Severely</u> I could barely stand it
1. Numbness or tingling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Feeling hot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Wobbliness in legs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Unable to relax	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Fear of the worst happening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Dizzy or lightheaded	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Heart pounding or racing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Unsteady	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Terrified	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Nervous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Feelings of choking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Hands trembling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Shaky	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Fear of losing control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Difficulty breathing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Fear of dying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Scared	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Indigestion or discomfort in abdomen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Faint	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Face flushed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Sweating (not due to heat)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**DIRECTIONS:** Listed below are some of the reactions people have to certain feelings or emotions. Read through the items on each list and, by choosing the appropriate answer, indicate the way you generally react.

REACTIONS	Almost Never	Sometimes	Often	Almost Always
<b><i>When I feel angry (very annoyed) ...</i></b>				
A. I keep quiet.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. I refuse to argue or say anything.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. I bottle it up.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. I say what I feel.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. I avoid making a scene.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. I smother my feelings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. I hide my annoyance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b><i>When I feel anxious (worried) ...</i></b>				
H. I let others see how I feel.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I. I keep quiet.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
J. I refuse to say anything about it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K. I tell others about it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
L. I say what I feel.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
M. I bottle it up.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
N. I smother my feelings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

REACTIONS	Almost Never	Sometimes	Often	Almost Always
<b>When I feel unhappy (miserable) ...</b>				
O. I refuse to say anything about it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P. I hide my unhappiness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q. I put on a bold face.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
R. I keep quiet.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
S. I let others see how I feel.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T. I smother my feelings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
U. I bottle it up.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I feel angry or annoyed.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I feel anxious or worried.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I feel unhappy, depressed or miserable.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**DIRECTIONS:** Below is a list of statements with which you may agree or disagree. Please indicate whether you agree or disagree with each statement by marking one response to the right of each statement. Note that responses include Strongly Disagree, Disagree, Agree, and Strongly Agree.

STATEMENTS	Strongly Disagree	Disagree	Agree	Strongly Agree
1. I feel that I'm a person of worth, at least on an equal basis with others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I feel that I have a number of good qualities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. All in all, I am inclined to feel that I am a failure.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I am able to do things as well as most other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I feel I do not have much to be proud of.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I take a positive attitude toward myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. On the whole, I am satisfied with myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I wish I could have more respect for myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I certainly feel useless at times.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. At times I think I am no good at all.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**PALMETTO WOMEN'S  
HEALTH STUDY  
Personal, Family and Health History**

**Date Form Completed**

Month

Day

Year

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**1. Were you adopted?**

- No
- Yes, but I know about biological mother's pregnancy
- Yes, but I don't know about biological mother's pregnancy (go to question #17)
- Unsure (go to question #17)

**2. How old was your mother when you were born?    Years**

0	○○
1	○○
2	○○
3	○○
4	○○
5	○○
6	○○
7	○○
8	○○
9	○○

**3. Before you were born, did your mother have any pregnancies?**

- Yes
- No (go to question #5)

**4. Before you were born, how many of your mother's pregnancies resulted in . . . ?**

**Live Single Births**

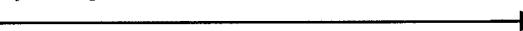
0	○○
1	○○
2	○○
3	○○
4	○○
5	○○
6	○○
7	○○
8	○○
9	○○

**Multiple Births**  
(1 set of twins=2,  
1 set of triplets=3, etc.)

0	○○○
1	○○
2	○○○
3	○○○
4	○○○
5	○○○
6	○○○○
7	○○○
8	○○○○
9	○○○

**Stillbirths**  
(born after 20  
weeks of pregnancy)

0	○○
1	○○
2	○○
3	○○
4	○○
5	○○
6	○○
7	○○
8	○○
9	○○○

**5. Were you a twin or multiple birth?** Yes  No (go to question #8)**6. Were you and your twin identical?** Yes (go to question #8)  No**7. Was your twin female?** Yes  No**8. How much did you weigh when you were born?**If you are sure of the exact weight, please bubble it in to the right and go to question #11. If you are uncertain but feel you can estimate within 4 ounces (1/4 pound) of your birthweight, please bubble in your guess to the right and go to question #11. 

If you cannot estimate, then bubble in "Unsure" below and go to question #9.

 Unsure 

Pounds	Ounces
0	0 0
1	1 0 0
2	2 0 0
3	3 0 0
4	4 0 0
5	5 0 0
6	6 0 0
7	7 0 0
8	8 0 0
9	9 0 0

**9. Did you weigh less than 5 1/2 pounds?** Yes (go to question #11)  No  Unsure**10. Did you weigh 9 pounds or more?** Yes  No  Unsure**11. Did your mother smoke cigarettes during her pregnancy with you?** Yes  No  Unsure**12. Did your mother drink alcohol during her pregnancy with you?** Yes  No  Unsure**13. Did your mother take DES while she was pregnant with you?** Yes  No  Unsure

14. Did your mother take hormones or hormone medication other than DES while she was pregnant with you?

Yes       No       Unsure

15. Is your mother still living?

Yes       No (go to question #17)

16. Would you be willing to contact your mother to verify the information about her pregnancy with you?

Yes       No

17. Have you ever been pregnant?

Yes       No (go to question #21)

18. How many times were you pregnant?

Times

0    
1    
2    
3    
4    
5    
6    
7    
8    
9

19. How old were you during your first pregnancy?

Years

0    
1    
2    
3    
4    
5    
6    
7    
8    
9

## 20. Please fill in the following chart regarding your pregnancies.

Pregnancy Result	How many pregnancies ended with this result?	Did you breast feed any of these babies? If so, give the average length of time in months you breast fed.
Live single births	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12	<input type="radio"/> No <input type="radio"/> less than 6 <input type="radio"/> 6 to 12 <input type="radio"/> 12 to 18 <input type="radio"/> 18 or more
Multiple births, at least one live	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12	<input type="radio"/> No <input type="radio"/> less than 6 <input type="radio"/> 6 to 12 <input type="radio"/> 12 to 18 <input type="radio"/> 18 or more
Multiple births, none living	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12	
Stillbirths only	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12	
Miscarriages	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12	
Induced abortions	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12	
Ectopic or tubal pregnancy	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12	

## 21. How old were you when you had your first menstrual period?

  Years

0     
1     
2     
3     
4     
5     
6     
7     
8     
9

22. Excluding the time around menopause, what is or was your usual cycle length, that is from the beginning of one period to the beginning of the next one?

Days

0	<input type="text"/>	<input type="text"/>
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/>
8	<input type="text"/>	<input type="text"/>
9	<input type="text"/>	<input type="text"/>

23. Did you ever miss your period for 3 or more consecutive months, for any reason other than pregnancy or breast feeding?

Yes       No (go to question #25)

24. If yes, how many months?   Months

0	<input type="text"/>	<input type="text"/>
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/>
8	<input type="text"/>	<input type="text"/>
9	<input type="text"/>	<input type="text"/>

25. Have you had a period within the last year?

Yes       No (go to question #27)

26. In the last year, how many times have you had what you consider to be a regular period?

<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 10	<input type="radio"/> 11	<input type="radio"/> 12 or more

27. Before today, did a doctor ever tell you that you had any of the following conditions? If so, please give your age when first told.			Age
a. Diabetes, high blood sugar	<input type="radio"/> No	<input type="radio"/> Yes	<span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> Years
b. Inflammatory bowel disease, colitis or Crohn's disease	<input type="radio"/> No	<input type="radio"/> Yes	<span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> Years
c. Colon or rectal polyps	<input type="radio"/> No	<input type="radio"/> Yes	<span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> Years
d. Stomach or duodenal ulcers	<input type="radio"/> No	<input type="radio"/> Yes	<span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> Years
e. Chronic lung diseases, bronchitis or emphysema	<input type="radio"/> No	<input type="radio"/> Yes	<span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> Years
f. Congestive heart failure	<input type="radio"/> No	<input type="radio"/> Yes	<span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> Years
g. Heart attack, coronary or myocardial infarction	<input type="radio"/> No	<input type="radio"/> Yes	<span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> Years
h. Chest pain or angina	<input type="radio"/> No	<input type="radio"/> Yes	<span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> Years
i. High blood cholesterol requiring medication	<input type="radio"/> No	<input type="radio"/> Yes	<span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> Years
j. High blood pressure (hypertension) not during pregnancy	<input type="radio"/> No	<input type="radio"/> Yes	<span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> Years
k. Stroke or brain hemorrhage	<input type="radio"/> No	<input type="radio"/> Yes	<span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> Years
l. Liver disease or cirrhosis	<input type="radio"/> No	<input type="radio"/> Yes	<span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> Years
m. Hepatitis	<input type="radio"/> No	<input type="radio"/> Yes	<span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> Years
n. Pancreatitis	<input type="radio"/> No	<input type="radio"/> Yes	<span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> Years
o. Kidney or bladder stones	<input type="radio"/> No	<input type="radio"/> Yes	<span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> Years
p. Chronic kidney disease or failure	<input type="radio"/> No	<input type="radio"/> Yes	<span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> Years
q. Gall stones or gall bladder disease	<input type="radio"/> No	<input type="radio"/> Yes	<span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> Years
r. Thyroid problems	<input type="radio"/> No	<input type="radio"/> Yes	<span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> Years
s. Osteoporosis (weak, thin or brittle bones)	<input type="radio"/> No	<input type="radio"/> Yes	<span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> Years
t. Depression or anxiety requiring medication	<input type="radio"/> No	<input type="radio"/> Yes	<span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> Years
u. Autoimmune diseases such as Lupus or rheumatoid arthritis	<input type="radio"/> No	<input type="radio"/> Yes	<span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> Years

## 28. Have you had a hysterectomy?

No (go to question #30)       Yes

## 29. On what date did you have a hysterectomy?

**Date**

	Month	Day	Year
0	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
1	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
6	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
7	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
8	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
9	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

## 30. Have you had an oophorectomy (had both of your ovaries removed)?

No (go to question #32)       Yes

## 31. On what date did you have an oophorectomy?

**Date**

	Month	Day	Year
0	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
1	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
6	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
7	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
8	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
9	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

## 32. How many sisters do you have? Please include only blood-related sisters with the same father and mother, and include any deceased sisters. (If you are adopted and have no knowledge of your biological family, please skip to question # 39)

0     1     2     3     4     5     6     7     8     9     10 or more

33. How many sisters does your mother have? Please include only blood-related sisters with the same father and mother, and include any deceased sisters.

0     1     2     3     4     5     6     7     8     9     10 or more

34. How many sisters does your father have? Please include only blood-related sisters with the same father and mother, and include any deceased sisters.

0 0 1 0 2 0 3 0 4 0 5 0 6 0 7 0 8 0 9 0 10 or more

35. Is there a history of female breast cancer in your family?

Yes  No (go to question #37)

36. If yes, please complete the charts below.

RELATIVE	If the relative had breast cancer, when was it first diagnosed?			If the relative had breast cancer, in how many breasts?	
	Before Menopause	After Menopause	Not Sure When	One Breast	Two Breasts
Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Father's Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mother's Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

RELATIVE	How many relatives . . .				
	Had breast cancer before menopause?	Had breast cancer after menopause?	Had breast cancer but not sure when	Had breast cancer in one breast	Had breast cancer in both breasts
Sisters	<input type="radio"/> 0 1 <input type="radio"/> 0 2 <input type="radio"/> 0 3	<input type="radio"/> 0 1 <input type="radio"/> 0 2 <input type="radio"/> 0 3	<input type="radio"/> 0 1 <input type="radio"/> 0 2 <input type="radio"/> 0 3	<input type="radio"/> 0 1 <input type="radio"/> 0 2 <input type="radio"/> 0 3	<input type="radio"/> 0 1 <input type="radio"/> 0 2 <input type="radio"/> 0 3
	<input type="radio"/> 0 4 <input type="radio"/> 0 5 <input type="radio"/> 0 6	<input type="radio"/> 0 4 <input type="radio"/> 0 5 <input type="radio"/> 0 6	<input type="radio"/> 0 4 <input type="radio"/> 0 5 <input type="radio"/> 0 6	<input type="radio"/> 0 4 <input type="radio"/> 0 5 <input type="radio"/> 0 6	<input type="radio"/> 0 4 <input type="radio"/> 0 5 <input type="radio"/> 0 6
	<input type="radio"/> 0 7 <input type="radio"/> 0 8 <input type="radio"/> 0 9	<input type="radio"/> 0 7 <input type="radio"/> 0 8 <input type="radio"/> 0 9	<input type="radio"/> 0 7 <input type="radio"/> 0 8 <input type="radio"/> 0 9	<input type="radio"/> 0 7 <input type="radio"/> 0 8 <input type="radio"/> 0 9	<input type="radio"/> 0 7 <input type="radio"/> 0 8 <input type="radio"/> 0 9
	<input type="radio"/> 0 10 or more				
Aunts	<input type="radio"/> 0 1 <input type="radio"/> 0 2 <input type="radio"/> 0 3	<input type="radio"/> 0 1 <input type="radio"/> 0 2 <input type="radio"/> 0 3	<input type="radio"/> 0 1 <input type="radio"/> 0 2 <input type="radio"/> 0 3	<input type="radio"/> 0 1 <input type="radio"/> 0 2 <input type="radio"/> 0 3	<input type="radio"/> 0 1 <input type="radio"/> 0 2 <input type="radio"/> 0 3
	<input type="radio"/> 0 4 <input type="radio"/> 0 5 <input type="radio"/> 0 6	<input type="radio"/> 0 4 <input type="radio"/> 0 5 <input type="radio"/> 0 6	<input type="radio"/> 0 4 <input type="radio"/> 0 5 <input type="radio"/> 0 6	<input type="radio"/> 0 4 <input type="radio"/> 0 5 <input type="radio"/> 0 6	<input type="radio"/> 0 4 <input type="radio"/> 0 5 <input type="radio"/> 0 6
	<input type="radio"/> 0 7 <input type="radio"/> 0 8 <input type="radio"/> 0 9	<input type="radio"/> 0 7 <input type="radio"/> 0 8 <input type="radio"/> 0 9	<input type="radio"/> 0 7 <input type="radio"/> 0 8 <input type="radio"/> 0 9	<input type="radio"/> 0 7 <input type="radio"/> 0 8 <input type="radio"/> 0 9	<input type="radio"/> 0 7 <input type="radio"/> 0 8 <input type="radio"/> 0 9
	<input type="radio"/> 0 10 or more				

37. Have any of your close male relatives ever had breast cancer?

Yes  No (go to question #39)  Don't Know (go to question #39)

38. If yes, what was their relationship to you?

Father  Grandfather  Brother  Uncle

39. Have you smoked at least 5 packs or 100 cigarettes, cigars or pipes during your lifetime?  
 Yes       No (go to question #46)

40. How old were you when you first started smoking?

Years

0    
 1    
 2    
 3    
 4    
 5    
 6    
 7    
 8    
 9

41. If you no longer smoke, how old were you when you stopped smoking on a regular basis?

Years

0    
 1    
 2    
 3    
 4    
 5    
 6    
 7    
 8    
 9

42. What did or do you usually smoke? (Select only one.)  
 Cigarette       Cigar       Pipe

43. Have you smoked at least one cigarette, cigar or pipe per week for the past year?  
 Yes       No

44. On the average weekday (Monday-Friday), how many cigarettes, cigars or pipefuls of tobacco have you smoked (or did you smoke if you have quit) per day?

cigarettes, cigars or pipefuls of tobacco  
 0    
 1    
 2    
 3    
 4    
 5    
 6    
 7    
 8    
 9

45. On the average weekend (Saturday, Sunday), how many cigarettes, cigars or pipefuls of tobacco have you smoked (or did you smoke if you have quit) per day?

cigarettes, cigars or pipefuls of tobacco  
 0    
 1    
 2    
 3    
 4    
 5    
 6    
 7    
 8    
 9

46. Did you ever take birth control pills for 3 consecutive months or more?

Yes  No

47. Have you seen a dietitian or attended nutrition (weight loss or other types) classes in the last three months?

Yes  No

**Religion ID Number List**

**Christian**  
 01 = Baptist  
 02 = Episcopal  
 03 = Methodist  
 04 = Lutheran  
 05 = Presbyterian  
 06 = Roman Catholic  
 07 = Other Catholic  
 08 = Protestant

**Judaism: What is your ancestry?**  
 09 = Orthodox  
 10 = Conservative  
 11 = Reform  
 12 = Reconstructionist  
 13 = Other

**Islam**  
 14 = Sunni  
 15 = Shi'ite  
 16 = Other

**Other**  
 17 = Buddhist  
 18 = Hindu  
 19 = Shinto  
 20 = Wiccan  
 21 = Santeria, Voodoo or Candomble  
 22 = Pagan or other earth centered religion  
 23 = Atheist  
 24 = Agnostic

48. What was the religion or spiritual tradition in which you were raised as a child, if any?

Please mention all that apply up to 5 choices. Enter the Religion ID Number from the list above.

ID Number:

0

0

0

0

0

1

1

1

1

1

2

2

2

2

2

3

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9

49. What is your present religion or spiritual affiliation, if any?

Please mention all that apply up to 5 choices. Enter the Religion ID Number from the list above.

ID Number:

0

0

0

0

0

1

1

1

1

1

2

2

2

2

2

3

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49b. If you are Jewish, please indicate if you are ...

Ashkenazi

Sephardic

Other

50. **How often do you attend or view religious or spiritual services on T.V. or at a church, synagogue, mosque, or other religious or spiritual meeting place?**

<input type="radio"/> Never (go to question #57)	<input type="radio"/> 1 time per week
<input type="radio"/> Special occasions only	<input type="radio"/> 2-6 times per week
<input type="radio"/> 1 time per month	<input type="radio"/> 1 time per day
<input type="radio"/> 2-3 times per month	<input type="radio"/> 2+ times per day

51. **For how many years have you attended or viewed religious or spiritual services?**

<input type="radio"/> 1 year	<input type="radio"/> 11-20 years
<input type="radio"/> 2-5 years	<input type="radio"/> 21-30 years
<input type="radio"/> 6-10 years	<input type="radio"/> 30+ years

52. **Besides formal group-based spiritual services, how often do you engage in meditation, prayer, self-hypnosis, or other spiritual practices (such as visualization)?**

<input type="radio"/> Never (go to question #60)	<input type="radio"/> 1 time per week
<input type="radio"/> Special occasions only	<input type="radio"/> 2-6 times per week
<input type="radio"/> 1 time per month	<input type="radio"/> 1 time per day
<input type="radio"/> 2-3 times per month	<input type="radio"/> 2+ times per day

53. **For how many years have you engaged in the activities in question #52?**

<input type="radio"/> 1 year	<input type="radio"/> 11-20 years
<input type="radio"/> 2-5 years	<input type="radio"/> 21-30 years
<input type="radio"/> 6-10 years	<input type="radio"/> 30+ years

54. **Which of these spiritual practices have you done the most?**

- Relaxation exercises
- Meditation
- Self-hypnosis
- Imagery or visualization
- Prayer

## 55. I consider myself to be a spiritual person.

Strongly Disagree       Agree  
 Disagree       Strongly Agree  
 Neither Agree Nor Disagree

Questions #56-67 refer to your usual sleeping habits over the past year. Please note that sleeping refers to the time you are actually asleep and does not include any other time you may spend in bed such as when reading.

56. **On a typical weekday (Monday-Friday), at what time do you usually attempt to fall asleep? Note that this may not be the same time you go to bed.**

<input type="text"/> : <input type="text"/>	<input type="radio"/> AM
0 <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> PM
1 <input type="radio"/> <input type="radio"/> <input type="radio"/>	
2 <input type="radio"/> <input type="radio"/> <input type="radio"/>	
3 <input type="radio"/> <input type="radio"/> <input type="radio"/>	
4 <input type="radio"/> <input type="radio"/> <input type="radio"/>	
5 <input type="radio"/> <input type="radio"/> <input type="radio"/>	
6 <input type="radio"/> <input type="radio"/> <input type="radio"/>	
7 <input type="radio"/> <input type="radio"/> <input type="radio"/>	
8 <input type="radio"/> <input type="radio"/> <input type="radio"/>	
9 <input type="radio"/> <input type="radio"/> <input type="radio"/>	

57. **On a typical weekday (Monday-Friday), at what time do you usually wake up?**

<input type="text"/> : <input type="text"/>	<input type="radio"/> AM
0 <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> PM
1 <input type="radio"/> <input type="radio"/> <input type="radio"/>	
2 <input type="radio"/> <input type="radio"/> <input type="radio"/>	
3 <input type="radio"/> <input type="radio"/> <input type="radio"/>	
4 <input type="radio"/> <input type="radio"/> <input type="radio"/>	
5 <input type="radio"/> <input type="radio"/> <input type="radio"/>	
6 <input type="radio"/> <input type="radio"/> <input type="radio"/>	
7 <input type="radio"/> <input type="radio"/> <input type="radio"/>	
8 <input type="radio"/> <input type="radio"/> <input type="radio"/>	
9 <input type="radio"/> <input type="radio"/> <input type="radio"/>	

58. **On a typical weekend (Saturday, Sunday), at what time do you usually attempt to fall asleep? Note that this may not be the same time you go to bed.**

<input type="text"/> : <input type="text"/>	<input type="radio"/> AM
0 <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> PM
1 <input type="radio"/> <input type="radio"/> <input type="radio"/>	
2 <input type="radio"/> <input type="radio"/> <input type="radio"/>	
3 <input type="radio"/> <input type="radio"/> <input type="radio"/>	
4 <input type="radio"/> <input type="radio"/> <input type="radio"/>	
5 <input type="radio"/> <input type="radio"/> <input type="radio"/>	
6 <input type="radio"/> <input type="radio"/> <input type="radio"/>	
7 <input type="radio"/> <input type="radio"/> <input type="radio"/>	
8 <input type="radio"/> <input type="radio"/> <input type="radio"/>	
9 <input type="radio"/> <input type="radio"/> <input type="radio"/>	

59. **On a typical weekend (Saturday, Sunday), at what time do you usually wake up?**

<input type="text"/> : <input type="text"/>	<input type="radio"/> AM
0 <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> PM
1 <input type="radio"/> <input type="radio"/> <input type="radio"/>	
2 <input type="radio"/> <input type="radio"/> <input type="radio"/>	
3 <input type="radio"/> <input type="radio"/> <input type="radio"/>	
4 <input type="radio"/> <input type="radio"/> <input type="radio"/>	
5 <input type="radio"/> <input type="radio"/> <input type="radio"/>	
6 <input type="radio"/> <input type="radio"/> <input type="radio"/>	
7 <input type="radio"/> <input type="radio"/> <input type="radio"/>	
8 <input type="radio"/> <input type="radio"/> <input type="radio"/>	
9 <input type="radio"/> <input type="radio"/> <input type="radio"/>	

60. After falling asleep, how many times do you usually wake up during the night?

0 (go to question #69)    1    2    3    4    5 or more

61. If you wake up during the night, do you usually turn on the lights?

Yes    No

62. If you wake up during the night, how long are you usually awake?  Minutes

0	<input type="radio"/> <input type="radio"/> <input type="radio"/>
1	<input type="radio"/> <input type="radio"/> <input type="radio"/>
2	<input type="radio"/> <input type="radio"/> <input type="radio"/>
3	<input type="radio"/> <input type="radio"/> <input type="radio"/>
4	<input type="radio"/> <input type="radio"/> <input type="radio"/>
5	<input type="radio"/> <input type="radio"/> <input type="radio"/>
6	<input type="radio"/> <input type="radio"/> <input type="radio"/>
7	<input type="radio"/> <input type="radio"/> <input type="radio"/>
8	<input type="radio"/> <input type="radio"/> <input type="radio"/>
9	<input type="radio"/> <input type="radio"/> <input type="radio"/>

63. Why do you usually wake up? Select the most common reason.

<input type="radio"/> To use bathroom	<input type="radio"/> Uncomfortable or in pain, excluding hot flashes
<input type="radio"/> Noise	<input type="radio"/> Hot flashes
<input type="radio"/> Bedpartner wakes you up	<input type="radio"/> Just wake up (no obvious reason)
<input type="radio"/> Child care or care for another person	

64. Do you sleep more in one season than another?

Yes    No (go to question #68)

65. If you sleep more in one season than another, what is the seasonal difference in sleep between your longest and shortest sleep?

		Hours		Minutes
0	<input type="radio"/> <input type="radio"/>		<input type="radio"/> <input type="radio"/>	
1	<input type="radio"/> <input type="radio"/>		<input type="radio"/> <input type="radio"/>	
2	<input type="radio"/> <input type="radio"/>		<input type="radio"/> <input type="radio"/>	
3	<input type="radio"/> <input type="radio"/>		<input type="radio"/> <input type="radio"/>	
4	<input type="radio"/> <input type="radio"/>		<input type="radio"/> <input type="radio"/>	
5	<input type="radio"/> <input type="radio"/>		<input type="radio"/> <input type="radio"/>	
6	<input type="radio"/> <input type="radio"/>		<input type="radio"/> <input type="radio"/>	
7	<input type="radio"/> <input type="radio"/>		<input type="radio"/> <input type="radio"/>	
8	<input type="radio"/> <input type="radio"/>		<input type="radio"/> <input type="radio"/>	
9	<input type="radio"/> <input type="radio"/>		<input type="radio"/> <input type="radio"/>	

66. If you sleep more in one season than another, in which season do you sleep the most?

Summer  Fall  Winter  Spring

67. If you sleep more in one season than another, in which season do you sleep the least?

Summer  Fall  Winter  Spring

68. Have you ever regularly engaged in any mind/body activity such as yoga, tai chi, qi qong, accupressure or shiatsu, self-massage, reiki, therapeutic touch or healing touch?

Yes  No (go to question #73)

69. How long was each session of activity?

Minutes  
0    
1    
2    
3    
4    
5    
6    
7    
8    
9

70. How often did you do these activity sessions?

Times Per  
0    
1    
2    
3    
4    
5    
6    
7    
8    
9

71. For how many years did you regularly do these activities?

Years  
0    
1    
2    
3    
4    
5    
6    
7    
8    
9

72. Which specific activity in question #68 have you done the most?

Yoga  
 Tai Chi  
 Qi Qong  
 Accupressure or Shiatsu  
 Self-massage  
 Reiki, Therapeutic Touch or Healing Touch

73. How many years have you kept the following pets? (Enter "00" if you never have kept such pets.)

Dogs	Cats	Birds	Other
<input type="text"/> <input type="text"/> Years			
0 <input type="text"/> <input type="text"/>			
1 <input type="text"/> <input type="text"/>			
2 <input type="text"/> <input type="text"/>			
3 <input type="text"/> <input type="text"/>			
4 <input type="text"/> <input type="text"/>			
5 <input type="text"/> <input type="text"/>			
6 <input type="text"/> <input type="text"/>			
7 <input type="text"/> <input type="text"/>			
8 <input type="text"/> <input type="text"/>			
9 <input type="text"/> <input type="text"/>			

74. In the past year was there a period of two weeks during which you felt depressed or down most of the day nearly every day?

Yes  No

75. Was there a time in the past year when you were uninterested in most things or unable to enjoy things you normally enjoy?

Yes  No

76. Are you currently taking medications for nervous, emotional, or psychological problems?

Yes  No

77. Are you currently receiving counseling or psychotherapy for nervous, emotional, or psychological problems?

Yes  No (go to question #84)

78. How often do you attend therapy?

<input type="text"/> <input type="text"/> Times per	<input type="radio"/> Week
<input type="text"/> <input type="text"/> Times per	<input type="radio"/> Month
0 <input type="text"/> <input type="text"/>	
1 <input type="text"/> <input type="text"/>	
2 <input type="text"/> <input type="text"/>	
3 <input type="text"/> <input type="text"/>	
4 <input type="text"/> <input type="text"/>	
5 <input type="text"/> <input type="text"/>	
6 <input type="text"/> <input type="text"/>	
7 <input type="text"/> <input type="text"/>	
8 <input type="text"/> <input type="text"/>	
9 <input type="text"/> <input type="text"/>	

79. If you answered "Yes" to question #76 or question #77, please describe the kind of nervous, emotional or psychological problems for which you are being treated.

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80. Please fill in the table below considering drugs you have taken within the last 5 years for headaches, arthritis, swelling and any other aches and pains. Only include medications used for at least 3 consecutive months.

Drug	Did you take the drug?		How often did you take the drug? (Select only one.)					For what period of time did you take the drug? (Select only one.)				
	Yes	No	1 Day per Month	2-3 Days per Month	1-2 Days per Week	3-4 Days per Week	5-7 Days per Week	3 Months to 1 Year	Up to 2 Years	Up to 3 Years	Up to 4 Years	Up to 5 Years
Aspirin: Anacin, Bufferin, Bayer, Ecotrin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ibuprofen: Motrin, Advil, Nuprin, Medipren, Rufen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acetaminophen: Excedrin, Tylenol, Panadol, Midrin, Darvocet-N, Feverall, Lurlene	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Indomethacin: Indomet, Indocin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Naproxen: Alleve, Naprosyn, Anaprox	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ketoprofen: Orudis, Actron	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Pain Reliever: piroxicam, feldene, sulindac, iodine, ketolac, fenoprofen, nalfon, meclomen, ponstel, or any other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tamoxifen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**PALMETTO WOMEN'S  
HEALTH STUDY  
SF-36™ Health Survey**

**Date Form Completed**  
Month      Day      Year

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**DIRECTIONS:** Please answer every question. Some questions may look like others, but each one is different. Please take the time to read and answer each question carefully by filling in the bubble that best represents your response.

**EXAMPLE**

*This is for your review. Do not answer this question. The questionnaire begins with the section *Your Health in General* below.*

For each question you will be asked to fill in a bubble in each line.

**1. How strongly do you agree or disagree with each of the following statements?**

		Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
a.	I enjoy listening to music.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.	I enjoy reading magazines.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please begin answering the questions now.

**Your Health in General**

**1. In general, would you say your health is:**

Excellent	Very good	Good	Fair	Poor
<input type="radio"/>				

**2. Compared to one year ago, how would you rate your health in general now?**

Much better now than one year ago	Somewhat better now than one year ago	About the same as one year ago	Somewhat worse now than one year ago	Much worse now than one year ago
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. The following items are about activities you might do during a typical day. Does *your health now limit you* in these activities? If so, how much?

ACTIVITIES	Yes, limited a lot	Yes, limited a little	No, not limited at all
a. <i>Vigorous activities</i> , such as running, lifting heavy objects, participating in strenuous sports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. <i>Moderate activities</i> , such as moving a table, pushing a vacuum cleaner, bowling or playing golf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Lifting or carrying groceries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Climbing <i>several flights</i> of stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Climbing <i>one flight</i> of stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Bending, kneeling or stooping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Walking <i>more than a mile</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Walking <i>several blocks</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Walking <i>one block</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Bathing or dressing yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. During the *past 4 weeks*, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

PROBLEMS	Yes	No
a. Cut down on the <i>amount of time</i> you spent on work or other activities	<input type="radio"/>	<input type="radio"/>
b. Accomplished <i>less</i> than you would like	<input type="radio"/>	<input type="radio"/>
c. Were limited in the <i>kind</i> of work or other activities	<input type="radio"/>	<input type="radio"/>
d. Had <i>difficulty</i> performing the work or other activities (for example, it took extra time)	<input type="radio"/>	<input type="radio"/>

5. During the *past 4 weeks*, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

PROBLEMS	Yes	No
a. Cut down on the <i>amount of time</i> you spent on work or other activities	<input type="radio"/>	<input type="radio"/>
b. Accomplished <i>less</i> than you would like	<input type="radio"/>	<input type="radio"/>
c. Didn't do work or other activities as <i>carefully</i> as usual	<input type="radio"/>	<input type="radio"/>

6. During the *past 4 weeks*, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?

**7. How much bodily pain have you had during the past 4 weeks?**

None      Very mild      Mild      Moderate      Severe      Very severe  
♀      ♀      ♀      ♀      ♀      ♀

8. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

9. These questions are about how you feel and how things have been with you during the *past 4 weeks*. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the *past 4 weeks* . . .

9. (Continued) How much of the time during the *past 4 weeks* . . .

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
d. have you felt calm and peaceful?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. did you have a lot of energy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. have you felt down-hearted and blue?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. did you feel worn out?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. have you been a happy person?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. did you feel tired?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. During the *past 4 weeks*, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?

All of the time	Most of the time	Some of the time	A little of the time	None of the time
<input type="radio"/>				

## 11. How TRUE or FALSE is each of the following statements for you?

STATEMENT	Definitely true	Mostly true	Don't know	Mostly false	Definitely false
a. I seem to get sick a little easier than other people.	<input type="radio"/>				
b. I am as healthy as anybody I know.	<input type="radio"/>				
c. I expect my health to get worse.	<input type="radio"/>				
d. My health is excellent.	<input type="radio"/>				

**Appendix 3**  
**Biosketch of Project Manager**

**BIOGRAPHICAL SKETCH**

Provide the following information for the key personnel in the order listed on Form Page 2.  
 Photocopy this page or follow this format for each person.

NAME Swann Arp Adams	POSITION TITLE Program Manager
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EDUCATION/TRAINING (*Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.*)

INSTITUTION AND LOCATION	DEGREE (if applicable)	YEAR(s)	FIELD OF STUDY
Furman University, Greenville, SC	B.S.	1994	Biology
University of Tennessee, Knoxville, TN	M.S.	1996	Biomedical Sciences
University of South Carolina, Columbia, SC	Doctoral Candidate		Epidemiology

RESEARCH AND PROFESSIONAL EXPERIENCE: Concluding with present position, list, in chronological order, previous employment, experience, and honors. Include present membership on any Federal Government public advisory committee. List, in chronological order, the titles, all authors, and complete references to all publications during the past three years and to representative earlier publications pertinent to this application. If the list of publications in the last three years exceeds two pages, select the most pertinent publications. **DO NOT EXCEED TWO PAGES.**

**Recent Honors:**

1990 to 1994      Dean's List, Furman Scholar, & Voice Scholarship  
 1994 to 1996      Graduate Assistantship-included tuition and stipend  
 2000                Poster accepted to the Association of Clinical Research Professionals 2000 Conference

**Certifications:**

April 1999      Certified Clinical Research Coordinator

**Professional Experience:**

April 1998-July 1998      Clinical Research Associate, Division of Transplantation Medicine, Palmetto Richland Memorial Hospital  
 December 1996-May 1999      Clinical Research Coordinator, School of Medicine, University of South Carolina  
 July 1998-October 1999      Clinical Research Professional, Div. of Transplantation Medicine, Palmetto Richland Memorial Hospital  
 October 1999-Septemeber 2000      Data Manager, Division of Transplantation Medicine, Palmetto Richland Memorial Hospital  
 August 2000-present      Program Manager, Department of Epidemiology and Biostatistics, University of South Carolina

**Abstracts:**

**S Adams, C. Marshall, and K. Bridges.** *Development and Implementation of Standard Operating Procedures at the Investigative Site.* (Accepted by ACRP 2000 Conference)

**K Godder, S Adams, KY Chiang, F van Rhee, J Mehta, K Bridges, S DiRienzo, W O'Neal, N Christiansen, and PJ Henslee-Downey.** *GM-CSF Enhances the Anti-Leukemiz Effect of Partially Mismatched Related Donor Stem Cell Transplant.* (Submitted to American Society of Clinical Hematology 2000 conference)

**K Godder, KY Chiang, F van Rhee, S Adams, K Bridges, K Higgins-Smith, K Goon-Johnson, S Carpenter, B Foster, S Abyankar, N Christiansen, J Mehta, and PJ Henslee-Downey.** *Bone Marrow Transplantation (BMT) From Partially Mismatched Related Donors (PMRD) as Salvage Therapy for Acute Myeloid Leukemia (AML) Relapsing After a Preceding Autograft.* (Accepted to American Society of Hematology 1999 conference)

**KY Chiang, F van Rhee, K Godder, K Bridges, S Adams, S Carpenter, B Foster, K Higgins-Smith, K Goon-Johnson, S Abyankar, N Christiansen, J Mehta, and PJ Henslee-Downey.** *Allogeneic Bone Marrow Transplant (BMT) From Partially Mismatched Related Donors (PMRD) as Therapy for Primary Refractory Acute Myeloid Leukemia (AML).* (Accepted to American Society of Hematology 1999 conference)

PJ Henslee-Downey, KY Chiang, F van Rhee, K Godder, K Bridges, **S Adams**, S Carpenter, B Foster, K Higgins-Smith, K Goon-Johnson, S Abyankar, N Christiansen, and J Mehta. *Long-Term Outcome of Acute Leukemia Patients Who Are Alive and Well 2 Years After Allogeneic Bone Marrow Transplantation (BMT) From Partially Mismatched Related Donors (PMRD)*. (Accepted to American Society of Hematology 1999 conference)

S Abyankar, K Godder, KY Chiang, N Christiansen, L Hazlett, **S Adams**, and PJ Henslee-Downey. *Transplantation From Haploididential Allogeneic Donors for Severe Aplastic Anemia (SAA) and Myelodysplastic Syndromes (MDS)*. (Accepted to American Society of Hematology 1999 conference)

**Clinical Trials:**

Multi-center Trial to Evaluate the Effect of Liposomal Amphotericin versus Fluconazole as Prophylaxis Against Invasive Fungal Infection in Recipients of Alternative Donor Stem Cell Transplants.

A Pilot Study on the Efficacy of FRAGMIN® (dalteparin sodium) in Prevention of Veno-Occlusive Disease (VOD) Following Allogeneic Stem Cell Transplantation.

Open-Label, Randomized Study Comparing CytoGam to Standard Immune Globulin in CMV-Positive Allogeneic Bone Marrow Transplant Recipients. Currently in Progress.

A Phase III, Open-Label Extension Study of the Long-Term Safety of Recombinant Human Nerve Growth Factor (rhNGF) in the Treatment of Subjects with Diabetic Neuropathy.

A Multinational, Multicenter, Randomized, Double-Blind, Placebo-Controlled, Phase II, Efficacy and Safety Study of IB-367 for the Prevention of Oral Mucositis in Patients Who are Undergoing Myeloablative Conditioning Regimens.

## **Appendix 4**

### **Compiled Coding Manual**

## List of Codes

Form Name	Pack. #	Page #	Quest. #	Variable Name	Choices
Demographics	1	1	NA	ID	Patient ID
			NA	demo_date	Date form completed
			NA	f_init	First initial
			NA	m_init	Middle initial
			NA	l_name	Last name
			NA	dob	Date of birth
		2	1	mom_race	1=White 2=African American 3=Hispanic 4=Native American 5=Asian or Pacific Islander 6=Other
				dad_race	1=White 2=African American 3=Hispanic 4=Native American 5=Asian or Pacific Islander 6=Other
				mom_other	If mom_race=6, then specify
				dad_other	If dad_race=6, then specify
			2	education	1=8 <sup>th</sup> grade or less 2=More than 8 <sup>th</sup> grade and less than high school 3=High school completed, no college 4=High school completed, some college 5=College completed 6=More than college completed
			3	employed	1=Yes, employed full time 2=Yes, employed part time 3>No
			4	emptytype	1=Skill or craft 2=Machine operator 3=Manual labor 4=Sales 5=Scientific/Technical work 6=Service work 7=Clerical or office 8=Professional, managerial or administrative

Form Name	Pack. #	Page #	Quest. #	Variable Name	Choices
		3	5	marital	1=Married 2=Living with partner 3=Widowed 4=Divorced 5=Separated 6=Single
			6	p_education	1=8 <sup>th</sup> grade or less 2=More than 8 <sup>th</sup> grade and less than high school 3=High school completed, no college 4=High school completed, some college 5=College completed 6=More than college completed
			7	p_employed	1=Yes, employed full time 2=Yes, employed part time 3=No
			8	p_emptytype	1=Skill or craft 2=Machine operator 3=Manual labor 4=Sales 5=Scientific/Technical work 6=Service work 7=Clerical or office 8=Professional, managerial or administrative

## Food Frequency Questionnaire

Form Name	Pack. #	Page #	Quest #	Variable Name	Choices
FFQ	1	4	NA	ffq_date	date questionnaire completed
			1	mealsperday	0-9
			2	firstmeal	0-999
				firstmealunits	1=hours 2=minutes
		5	3	largemeal	1-9
			4	snackday	0-99
			5	vitamins	1=No 2=Yes, fairly regularly 3=Yes, but not regularly
			6	multivitamin	0-99
				multivitamin_unit	1=Day 2=Week
	6	7		vit_a	0-99
				vit_a_unit	1=Day 2=Week
				betacarotene	0-99
				betacarotene_unit	1=Day 2=Week
				folate	0-99
				folate_unit	1=Day 2=Week
				b6	0-99
				b6_unit	1=Day 2=Week
				b12	0-99
				b12_unit	1=Day 2=Week
				riboflavin	0-99
				riboflavin_unit	1=Day 2=Week
				niacin	0-99
				niacin_unit	1=Day 2=Week
				vit_c	0-99
				vit_c_unit	1=Day 2=Week
				vit_e	0-99
				vit_e_unit	1=Day 2=Week
		7	7	calcium	0-99

Form Name	Pack. #	Page #	Quest #	Variable Name	Choices
FFQ	1	7	7	calcium_unit	1=Day 2=Week
				fishoil	0-99
				fishoil_unit	1=Day 2=Week
				yeast	0-99
				yeast_unit	1=Day 2=Week
				selenium	0-99
				selenium_unit	1=Day 2=Week
				zinc	0-99
				zinc_unit	1=Day 2=Week
				iron	0-99
				iron_unit	1=Day 2=Week
			8	herbs	0=No 1=Yes

For the next fields,

**food variable choices:** 0=Never

1=1 per month

2=2-3 per month

3=1 per week

4=2 per week

5=3-4 per week

6=5-6 per week

7=1 per day

8=2+per day

**food size variable choices:** 1=small

2=medium

3=large

Form Name	Pack. #	Page #	Quest #	Variable Name	Choices
FFQ	1	9	NA	apples	
				apples_size	
				bananas	
				bananas_size	
				peachescanned	

Form Name	Pack. #	Page #	Quest #	Variable Name	Choices
FFQ	1	9	NA	peachescanned_size	
				peachesfresh	
				peachesfresh_size	
				cantaloupe	
				cantaloupe_size	
				watermelon	
				watermelon_size	
				strawberries	
				strawberries_size	
				oranges	
				oranges_size	
				driedfruit	
				driedfruit_size	
				grapefruit	
				grapefruit_size	
				otherfruit	
				otherfruit_size	
				orangejuice	
				orangejuice_size	
				grapefruitjuice	
				grapefruitjuice_size	
				vitcjuice	
				vitcjuice_size	
				otherjuice	
				otherjuice_size	
	10			stringbeans	
				stringbeans_size	
				peas	
				peas_size	
				refriedbeans	
				refriedbeans_size	
				pintobeans	
				pintobeans_size	
				garanzobbeans	
				garanzobbeans_size	
				lentils	
				lentils_size	
				corn	
				corn_size	
				wintersquash	
				wintesquash_size	
				tomatoes	
				tomatoes_size	
				salsa	

Form Name	Pack. #	Page #	Quest #	Variable Name	Choices
FFQ	1	10	NA	salsa_size	
				avocado	
				avocado_size	
				rawbroccoli	
				rawbroccoli_size	
				cookedbroccoli	
				cookedbroccoli_size	
				rawspinach	
				rawspinach_size	
				cookedspinach	
				cookedspinach_size	
				cookedgreens	
				cookedgreens_size	
FFQ		11		carrots	
				carrots_size	
				cookedcabbage	
				cookedcabbage_size	
				rawcabbage	
				rawcabbage_size	
				sauerkraut	
				sauerkraut_size	
				greensalad	
				greensalad_size	
				pastasalad	
				pastasalad_size	
				dietmayo	
				dietmayo_size	
				mayo	
				mayo_size	
				frenchfries	
				frenchfries_size	
				yams	
				yams_size	
				potatoes	
				potatoes_size	
				whiterice	
				whiterice_size	
				brownrice	
				brownrice_size	
				friedrice	
				friedrice_size	
				pasta	
				pasta_size	
				butteronveg	

Form Name	Pack. #	Page #	Quest #	Variable Name	Choices
FFQ	1	12	NA	butteronveg_size	
				onions	
				onions_size	
				garlic	
				garlic_size	
				olives	
				olives_size	
				othervegetables	
				othervegetables_size	
				hamburgers	
				hamburgers_size	
				beef	
				beef_size	
				beefstew	
				beefstew_size	
				pork	
				pork_size	
				mixedbeef	
				mixedbeef_size	
				ham	
				ham_size	
				lamb	
				lamb_size	
				game	
				game_size	
				liver	
				liver_size	
				chicken	
				chicken_size	
				chickenstew	
				chickenstew_size	
	13			mixedchicken	
				mixedchicken_size	
				friedchicken	
				friedchicken_size	
				friedfish	
				friedfish_size	
				tuna	
				tuna_size	
				shellfish	
				shellfish_size	
				otherfish	
				otherfish_size	
				mixedseafood	

Form Name	Pack. #	Page #	Quest #	Variable Name	Choices
FFQ	1	13	NA	mixedseafood_size	
				fishstew	
				fishstew_size	
				tofu	
				tofu_size	
				pastameatsauce	
				pastameatsauce_size	
				pastatomatosauce	
				pastatomatosauce_size	
				ze	
				pizza	
				pizza_size	
				mixedcheese	
				mixedcheese_size	
				burritos	
				burritos_size	
	14			enchiladas	
				enchiladas_size	
				redchile	
				redchile_size	
				greenchile	
				greenchile_size	
				gravies	
				gravies_size	
				hotdogs	
				hotdogs_size	
				bologna	
				bologna_size	
				vegetablesoup	
				vegetablesoup_size	
				brothsoup	
				brothsoup_size	
				beansoup	
				beansoup_size	
				creamsoup	
				creamsoup_size	
				whitebread	
				whitebread_size	
				darkbread	
				darkbread_size	
				biscuits	
				biscuits_size	
				cornbread	
				cornbread_size	

Form Name	Pack. #	Page #	Quest #	Variable Name	Choices
FFQ	1	15	NA	frybread	
				frybread_size	
				flourtortilla	
				flourtortilla_size	
				corntortilla	
				corntortilla_size	
				snacks	
				snacks_size	
				nuts	
				nuts_size	
				margarine	
				margarine_size	
				butter	
				butter_size	
				highfibercereal	
				highfibercereal_size	
				fortifiedcereal	
				fortifiedcereal_size	
				lowsugarcereal	
				lowsugarcereal_size	
				sweetcereal	
				sweetcereal_size	
				cookedcereal	
				cookedcereal_size	
				sugar	
				sugar_size	
				eggs	
				eggs_size	
				bacon	
				bacon_size	
	16			sausage	
				sausage_size	
				pancakes	
				pancakes_size	
				icecream	
				icecream_size	
				frozencyogurt	
				frozencyogurt_size	
				doughnuts	
				doughnuts_size	
				pudding	
				pudding_size	
				pumpkinpie	

Form Name	Pack. #	Page #	Quest #	Variable Name	Choices
FFQ	1	16	NA	pumpkinpie_size	
				otherpies	
				otherpies_size	
				chocolate	
				chocolate_size	
				othercandy	
				othercandy_size	
				cottagecheese	
				cottagecheese_size	
				cheese	
				cheese_size	
				plainyogurt	
				plainyogurt_size	
				flavoredyogurt	
				flavoredyogurt_size	
	17			wholemilk	
				wholemilk_size	
				twopctmilk	
				twopctmilk_size	
				skimmilk	
				skimmilk_size	
				soymilk	
				soymilk_size	
				ensure	
				ensure_size	
				soda	
				soda_size	
				dietsoda	
				dietsoda_size	
				lemonade	
				lemonade_size	
				coffee	
				coffee_size	
				nondairycreamer	
				nondairycreamer_size	
				milkincoffee	
				milkincoffee_size	
				cream	
				cream_size	
				sugarincoffee	
				sugarincoffee_size	
				beer	
				beer_size	

Form Name	Pack. #	Page #	Quest #	Variable Name	Choices
FFQ	1	17	NA	wine	
				wine_size	
				hardliquor	
				hardliquor_size	
		18		fastfood	
				usecookfat	1-9 (1 per week to 4+ per day)
				eatvegetables	1-9 (1 per week to 4+ per day)
				eatcoldcereal	1-9 (1 per week to 4+ per day)
				eatfruit	1-9 (1 per week to 4+ per day)
		19		cookfat	cookfat_notknow=Don't know cookfat_softmargarine= Soft margarine cookfat_stickmargarine Stick margarine cookfat_butter= Butter cookfat_lard= Lard cookfat_vegetableoil= Vegetable oil cookfat_pam= Pam cookfat_oliveoil= Olive cookfat_sesameoil= Sesame cookfat_otheroil= Other oil
				beanfat	beanfat_notknow= Don't know beanfat_softmargarine= Soft margarine beanfat_stickmargarine= Stick margarine beanfat_butter= Butter= beanfat_lard= Lard beanfat_vegetableoil= Vegetable oil beanfat_pam= Pam beanfat_oliveoil= Olive beanfat_sesameoil= Sesame beanfat_otheroil= Other oil
				tablefat	tablefat_none= Don't add tablefat_softmargarine= Soft margarine tablefat_stickmargarine= Stick margarine tablefat_butter=Butter tablefat_halfbutter=Half butter tablefat_vegetableoil= Vegetable oil tablefat_lard= Lard tablefat_oliveoil= Olive tablefat_sesameoil= Seseme tablefat_otheroil= Other oil
				fruitsyrup	0=Don't know 1=Unsweetened 2=Light syrup 3=Heavy syrup

For the following questions:

Choices: 0=Don't Eat  
1=Never  
2=Seldom  
3=Sometimes  
4=Often/Always

Form Name	Pack. #	Page #	Quest #	Variable Name	Choices
FFQ		20		chickenskin	0-4 (Don't eat to Often/Always)
				chickenchar	0-4 (Don't eat to Often/Always)
				meatfat	0-4 (Don't eat to Often/Always)
				meatchar	0-4 (Don't eat to Often/Always)
				leanbeef	0-4 (Don't eat to Often/Always)
				grbeefchar	0-4 (Don't eat to Often/Always)
				lowfatlunchmeat	0-4 (Don't eat to Often/Always)
				lunchmeatchar	0-4 (Don't eat to Often/Always)
				lowfatbacon	0-4 (Don't eat to Often/Always)
				baconchar	0-4 (Don't eat to Often/Always)
				seafoodchar	0-4 (Don't eat to Often/Always)
				lowfatchips	0-4 (Don't eat to Often/Always)
				lowfatcheese	0-4 (Don't eat to Often/Always)
				lowfatyogurt	0-4 (Don't eat to Often/Always)
				lowfatcake	0-4 (Don't eat to Often/Always)
				salt	0-4 (Don't eat to Often/Always)

## Physical Activity

Form Name	Pack. #	Page #	Quest #	Variable Name	Choices
Physical Activity	1	22	N/A	pa_date	Date physical activity questionnaire completed
				ltchore12_19	1=Yes 2=No
				ltchore12_19yrs	1=1-2 2=3-4 3=5-6 4=7-8
				ltchore12_19mo	1=1-3 2=4-6 3=7-9 4=10-12
				ltchore12_19wk	1=0-1 days/month 2=2-3 days/month 3=1 day/week 4=2-3 days/week 5=4-5 days/week 6=6-7 days/week
				ltchore12_19min	1= 1-30 mins 2=31-60 mins 3=1-2 hrs 4=3-4 hrs 5=5 hrs or more
				modchore12_19	1=Yes 2=No
				modchore12_19yrs	1=1-2 2=3-4 3=5-6 4=7-8
				modchore12_19mo	1=1-3 2=4-6 3=7-9 4=10-12

Form Name	Pack. #	Page #	Quest #	Variable Name	Choices
Physical Activity	1	22	NA	modchore12_19wk	1=0-1 days/month 2=2-3 days/month 3=1 day/week 4=2-3 days/week 5=4-5 days/week 6=6-7 days/week
				modchore12_19min	1=1-15 mins 2=16-30 mins 3=31-60 mins 4=1-2 hrs 5=3 hrs or more
				lawn12_19	1=Yes 2=No
				lawn12_19yrs	1=1-2 2=3-4 3=5-6 4=7-8
				lawn12_19mo	1=1-3 2=4-6 3=7-9 4=10-12
				lawn12_19wk	1=0-1 days/month 2=2-3 days/month 3=1 day/week 4=2-3 days/week 5=4-5 days/week 6=6-7 days/week
				lawn12_19min	1= 1-30 mins 2=31-60 mins 3=1-2 hrs 4=3-4 hrs 5=5 hrs or more
				sit12_19	1=Yes 2=No
				sit12_19yrs	1=1-2 2=3-4 3=5-6 4=7-8

Form Name	Pack. #	Page #	Quest #	Variable Name	Choices
Physical Activity	1	22	NA	sit12_19mo	1=1-3 2=4-6 3=7-9 4=10-12
				sit12_19wk	1=0-1 days/month 2=2-3 days/month 3=1 day/week 4=2-3 days/week 5=4-5 days/week 6=6-7 days/week
				sit12_19min	1=1 hr 2=2-3 hrs 3=4-5 hrs 4=6-7 hrs 5=8 hrs or more
				standslow12_19	1=Yes 2=No
				standslow12_19yrs	1=1-2 2=3-4 3=5-6 4=7-8
				standslow12_19mo	1=1-3 2=4-6 3=7-9 4=10-12
				standslow12_19wk	1=0-1 days/month 2=2-3 days/month 3=1 day/week 4=2-3 days/week 5=4-5 days/week 6=6-7 days/week
				standslow12_19min	1= 1-30 mins 2=31-60 mins 3=1-2 hrs 4=3-4 hrs 5=5 hrs or more
				standbrisk12_19	1=Yes 2=No
				standbrisk12_19yrs	1=1-2 2=3-4 3=5-6 4=7-8

Form Name	Pack. #	Page #	Quest #	Variable Name	Choices
Physical Activity	1	23	NA	standbrisk12_19mo	1=1-3 2=4-6 3=7-9 4=10-12
				standbrisk12_19wk	1=0-1 days/month 2=2-3 days/month 3=1 day/week 4=2-3 days/week 5=4-5 days/week 6=6-7 days/week
				standbrisk12_19min	1= 1-30 mins 2=31-60 mins 3=1-2 hrs 4=3-4 hrs 5=5 hrs or more
				leisure12_19	1=Yes 2=No
				leisure12_19yrs	1=1-2 2=3-4 3=5-6 4=7-8
				leisure12_19mo	1=1-3 2=4-6 3=7-9 4=10-12
				leisure12_19wk	1=0-1 days/month 2=2-3 days/month 3=1 day/week 4=2-3 days/week 5=4-5 days/week 6=6-7 days/week
				leisure12_19min	1=1 hr 2=2-3 hrs 3=4-5 hrs 4=6-7 hrs 5=8 hrs or more
				dance12_19	1=Yes 2=No

Form Name	Pack. #	Page #	Quest #	Variable Name	Choices
Physical Activity	1	23	NA	dance12_19yrs	1=1-2 2=3-4 3=5-6 4=7-8
				dance12_19mo	1=1-3 2=4-6 3=7-9 4=10-12
				dance12_19wk	1=0-1 days/month 2=2-3 days/month 3=1 day/week 4=2-3 days/week 5=4-5 days/week 6=6-7 days/week
				dance12_19min	1= 1-30 mins 2=31-60 mins 3=1-2 hrs 4=3-4 hrs 5=5 hrs or more
				exermod12_19	1=Yes 2=No
				exermod12_19yrs	1=1-2 2=3-4 3=5-6 4=7-8
				exermod12_19mo	1=1-3 2=4-6 3=7-9 4=10-12
				exermod12_19wk	1=0-1 days/month 2=2-3 days/month 3=1 day/week 4=2-3 days/week 5=4-5 days/week 6=6-7 days/week
				exermod12_19min	1=1-15 mins 2=16-30 mins 3=31-60 mins 4=1-2 hrs 5=3 hrs or more

Form Name	Pack. #	Page #	Quest #	Variable Name	Choices
Physical Activity	1	23	NA	exervig12_19	1=Yes 2=No
				exervig12_19yrs	1=1-2 2=3-4 3=5-6 4=7-8
				exervig12_19mo	1=1-3 2=4-6 3=7-9 4=10-12
				exervig12_19wk	1=0-1 days/month 2=2-3 days/month 3=1 day/week 4=2-3 days/week 5=4-5 days/week 6=6-7 days/week
				exervig12_19min	1=1-10 mins 2=11-20 mins 3=21-40 mins 4=41-60 mins 5=1 hr or more
				exerweight12_19	1=Yes 2=No
				exerweight12_19yrs	1=1-2 2=3-4 3=5-6 4=7-8
				exerweight12_19mo	1=1-3 2=4-6 3=7-9 4=10-12
				exerweight12_19wk	1=0-1 days/month 2=2-3 days/month 3=1 day/week 4=2-3 days/week 5=4-5 days/week 6=6-7 days/week

Form Name	Pack. #	Page #	Quest #	Variable Name	Choices
Physical Activity	1	23	NA	exerweight12_19min	1=1-15 mins 2=16-30 mins 3=31-60 mins 4=1-2 hrs 5=3 hrs or more
				sports12_19	1=Yes 2=No
				sports12_19yrs	1=1-2 2=3-4 3=5-6 4=7-8
				sports12_19mo	1=1-3 2=4-6 3=7-9 4=10-12
				sports12_19wk	1=0-1 days/month 2=2-3 days/month 3=1 day/week 4=2-3 days/week 5=4-5 days/week 6=6-7 days/week
				sports12_19min	1=1-15 mins 2=16-30 mins 3=31-60 mins 4=1-2 hrs 5=3 hrs or more
		24		Itchore20_34	1=Yes 2=No
				Itchore20_34yrs	1=1-3 2=4-6 3=7-9 4=10-12 5=13-15
				Itchore20_34mo	1=1-3 2=4-6 3=7-9 4=10-12

Form Name	Pack. #	Page #	Quest #	Variable Name	Choices
Physical Activity	1	24	NA	ltchore20_34wk	1=0-1 days/month 2=2-3 days/month 3=1 day/week 4=2-3 days/week 5=4-5 days/week 6=6-7 days/week
				ltchore20_34min	1= 1-30 mins 2=31-60 mins 3=1-2 hrs 4=3-4 hrs 5=5 hrs or more
				modchore20_34	1=Yes 2=No
				modchore20_34yrs	1=1-3 2=4-6 3=7-9 4=10-12 5=13-15
				modchore20_34mo	1=1-3 2=4-6 3=7-9 4=10-12
				modchore20_34wk	1=0-1 days/month 2=2-3 days/month 3=1 day/week 4=2-3 days/week 5=4-5 days/week 6=6-7 days/week
				modchore20_34min	1=1-15 mins 2=16-30 mins 3=31-60 mins 4=1-2 hrs 5=3 hrs or more
				lawn20_34	1=Yes 2=No
				lawn20_34yrs	1=1-3 2=4-6 3=7-9 4=10-12 5=13-15

Form Name	Pack. #	Page #	Quest #	Variable Name	Choices
Physical Activity	1	24	NA	lawn20_34mo	1=1-3 2=4-6 3=7-9 4=10-12
				lawn20_34wk	1=0-1 days/month 2=2-3 days/month 3=1 day/week 4=2-3 days/week 5=4-5 days/week 6=6-7 days/week
				lawn20_34min	1= 1-30 mins 2=31-60 mins 3=1-2 hrs 4=3-4 hrs 5=5 hrs or more
				sit20_34	1=Yes 2=No
				sit20_34yrs	1=1-3 2=4-6 3=7-9 4=10-12 5=13-15
				sit20_34mo	1=1-3 2=4-6 3=7-9 4=10-12
				sit20_34wk	1=0-1 days/month 2=2-3 days/month 3=1 day/week 4=2-3 days/week 5=4-5 days/week 6=6-7 days/week
				sit20_34min	1=1 hr 2=2-3 hrs 3=4-5 hrs 4=6-7 hrs 5=8 hrs or more
				standslow20_34	1=Yes 2=No

Form Name	Pack. #	Page #	Quest #	Variable Name	Choices
Physical Activity	1	24	NA	standslow20_34yrs	1=1-3 2=4-6 3=7-9 4=10-12 5=13-15
				standslow20_34mo	1=1-3 2=4-6 3=7-9 4=10-12
				standslow20_34wk	1=0-1 days/month 2=2-3 days/month 3=1 day/week 4=2-3 days/week 5=4-5 days/week 6=6-7 days/week
				standslow20_34min	1= 1-30 mins 2=31-60 mins 3=1-2 hrs 4=3-4 hrs 5=5 hrs or more
				standbrisk20_34	1=Yes 2=No
				standbrisk20_34yrs	1=1-3 2=4-6 3=7-9 4=10-12 5=13-15
				standbrisk20_34mo	1=1-3 2=4-6 3=7-9 4=10-12
				standbrisk20_34wk	1=0-1 days/month 2=2-3 days/month 3=1 day/week 4=2-3 days/week 5=4-5 days/week 6=6-7 days/week
				standbrisk20_34min	1= 1-30 mins 2=31-60 mins 3=1-2 hrs 4=3-4 hrs 5=5 hrs or more

Form Name	Pack. #	Page #	Quest #	Variable Name	Choices
Physical Activity	1	25	NA	leisure20_34	1=Yes 2=No
				leisure20_34yrs	1=1-3 2=4-6 3=7-9 4=10-12 5=13-15
				leisure20_34mo	1=1-3 2=4-6 3=7-9 4=10-12
				leisure20_34wk	1=0-1 days/month 2=2-3 days/month 3=1 day/week 4=2-3 days/week 5=4-5 days/week 6=6-7 days/week
				leisure20_34min	1=1 hr 2=2-3 hrs 3=4-5 hrs 4=6-7 hrs 5=8 hrs or more
				dance20_34	1=Yes 2=No
				dance20_34yrs	1=1-3 2=4-6 3=7-9 4=10-12 5=13-15
				dance20_34mo	1=1-3 2=4-6 3=7-9 4=10-12
				dance20_34wk	1=0-1 days/month 2=2-3 days/month 3=1 day/week 4=2-3 days/week 5=4-5 days/week 6=6-7 days/week

Form Name	Pack. #	Page #	Quest #	Variable Name	Choices
Physical Activity	1	25	NA	dance20_34min	1= 1-30 mins 2=31-60 mins 3=1-2 hrs 4=3-4 hrs 5=5 hrs or more
				exermod20_34	1=Yes 2=No
				exermod20_34yrs	1=1-3 2=4-6 3=7-9 4=10-12 5=13-15
				exermod20_34mo	1=1-3 2=4-6 3=7-9 4=10-12
				exermod20_34wk	1=0-1 days/month 2=2-3 days/month 3=1 day/week 4=2-3 days/week 5=4-5 days/week 6=6-7 days/week
				exermod20_34min	1=1-15 mins 2=16-30 mins 3=31-60 mins 4=1-2 hrs 5=3 hrs or more
				exervig20_34	1=Yes 2=No
				exervig20_34yrs	1=1-3 2=4-6 3=7-9 4=10-12 5=13-15
				exervig20_34mo	1=1-3 2=4-6 3=7-9 4=10-12

Form Name	Pack. #	Page #	Quest #	Variable Name	Choices
Physical Activity	1	25	NA	exervig20_34wk	1=0-1 days/month 2=2-3 days/month 3=1 day/week 4=2-3 days/week 5=4-5 days/week 6=6-7 days/week
				exervig20_34min	1=1-10 mins 2=11-20 mins 3=21-40 mins 4=41-60 mins 5=1 hr or more
				exerweight20_34	1=Yes 2=No
				exerweight20_34yrs	1=1-3 2=4-6 3=7-9 4=10-12 5=13-15
				exerweight20_34mo	1=1-3 2=4-6 3=7-9 4=10-12
				exerweight20_34wk	1=0-1 days/month 2=2-3 days/month 3=1 day/week 4=2-3 days/week 5=4-5 days/week 6=6-7 days/week
				exerweight20_34min	1=1-15 mins 2=16-30 mins 3=31-60 mins 4=1-2 hrs 5=3 hrs or more
				sports20_34	1=Yes 2=No
				sports20_34yrs	1=1-3 2=4-6 3=7-9 4=10-12 5=13-15

Form Name	Pack. #	Page #	Quest #	Variable Name	Choices
Physical Activity	1	25	NA	sports20_34mo	1=1-3 2=4-6 3=7-9 4=10-12
				sports20_34wk	1=0-1 days/month 2=2-3 days/month 3=1 day/week 4=2-3 days/week 5=4-5 days/week 6=6-7 days/week
				sports20_34min	1=1-15 mins 2=16-30 mins 3=31-60 mins 4=1-2 hrs 5=3 hrs or more
	26			Itchore35_49	1=Yes 2=No
				Itchore35_49yrs	1=1-3 2=4-6 3=7-9 4=10-12 5=13-15
				Itchore35_49mo	1=1-3 2=4-6 3=7-9 4=10-12
				Itchore35_49wk	1=0-1 days/month 2=2-3 days/month 3=1 day/week 4=2-3 days/week 5=4-5 days/week 6=6-7 days/week
				Itchore35_49min	1= 1-30 mins 2=31-60 mins 3=1-2 hrs 4=3-4 hrs 5=5 hrs or more
				modchore35_49	1=Yes 2=No

Form Name	Pack. #	Page #	Quest #	Variable Name	Choices
Physical Activity	1	26	NA	modchore35_49yrs	1=1-3 2=4-6 3=7-9 4=10-12 5=13-15
				modchore35_49mo	1=1-3 2=4-6 3=7-9 4=10-12
				modchore35_49wk	1=0-1 days/month 2=2-3 days/month 3=1 day/week 4=2-3 days/week 5=4-5 days/week 6=6-7 days/week
				modchore35_49min	1=1-15 mins 2=16-30 mins 3=31-60 mins 4=1-2 hrs 5=3 hrs or more
				lawn35_49	1=Yes 2=No
				lawn35_49yrs	1=1-3 2=4-6 3=7-9 4=10-12 5=13-15
				lawn35_49mo	1=1-3 2=4-6 3=7-9 4=10-12
				lawn35_49wk	1=0-1 days/month 2=2-3 days/month 3=1 day/week 4=2-3 days/week 5=4-5 days/week 6=6-7 days/week
				lawn35_49min	1= 1-30 mins 2=31-60 mins 3=1-2 hrs 4=3-4 hrs 5=5 hrs or more

Form Name	Pack. #	Page #	Quest #	Variable Name	Choices
Physical Activity	1	26	NA	sit35_49	1=Yes 2=No
				sit35_49yrs	1=1-3 2=4-6 3=7-9 4=10-12 5=13-15
				sit35_49mo	1=1-3 2=4-6 3=7-9 4=10-12
				sit35_49wk	1=0-1 days/month 2=2-3 days/month 3=1 day/week 4=2-3 days/week 5=4-5 days/week 6=6-7 days/week
				sit35_49min	1=1 hr 2=2-3 hrs 3=4-5 hrs 4=6-7 hrs 5=8 hrs or more
				standslow35_49	1=Yes 2=No
				standslow35_49yrs	1=1-3 2=4-6 3=7-9 4=10-12 5=13-15
				standslow35_49mo	1=1-3 2=4-6 3=7-9 4=10-12
				standslow35_49wk	1=0-1 days/month 2=2-3 days/month 3=1 day/week 4=2-3 days/week 5=4-5 days/week 6=6-7 days/week

Form Name	Pack. #	Page #	Quest #	Variable Name	Choices
Physical Activity	1	26	NA	standslow35_49min	1= 1-30 mins 2=31-60 mins 3=1-2 hrs 4=3-4 hrs 5=5 hrs or more
				standbrisk35_49	1=Yes 2=No
				standbrisk35_49yrs	1=1-3 2=4-6 3=7-9 4=10-12 5=13-15
				standbrisk35_49mo	1=1-3 2=4-6 3=7-9 4=10-12
				standbrisk35_49wk	1=0-1 days/month 2=2-3 days/month 3=1 day/week 4=2-3 days/week 5=4-5 days/week 6=6-7 days/week
				standbrisk35_49min	1= 1-30 mins 2=31-60 mins 3=1-2 hrs 4=3-4 hrs 5=5 hrs or more
		27		leisure35_49	1=Yes 2=No
				leisure35_49yrs	1=1-3 2=4-6 3=7-9 4=10-12 5=13-15
				leisure35_49mo	1=1-3 2=4-6 3=7-9 4=10-12

Form Name	Pack. #	Page #	Quest #	Variable Name	Choices
Physical Activity	1	27	NA	leisure35_49wk	1=0-1 days/month 2=2-3 days/month 3=1 day/week 4=2-3 days/week 5=4-5 days/week 6=6-7 days/week
				leisure35_49min	1=1 hr 2=2-3 hrs 3=4-5 hrs 4=6-7 hrs 5=8 hrs or more
				dance35_49	1=Yes 2=No
				dance35_49yrs	1=1-3 2=4-6 3=7-9 4=10-12 5=13-15
				dance35_49mo	1=1-3 2=4-6 3=7-9 4=10-12
				dance35_49wk	1=0-1 days/month 2=2-3 days/month 3=1 day/week 4=2-3 days/week 5=4-5 days/week 6=6-7 days/week
				dance35_49min	1= 1-30 mins 2=31-60 mins 3=1-2 hrs 4=3-4 hrs 5=5 hrs or more
				exermod35_49	1=Yes 2=No
				exermod35_49yrs	1=1-3 2=4-6 3=7-9 4=10-12 5=13-15

Form Name	Pack. #	Page #	Quest #	Variable Name	Choices
Physical Activity	1	27	NA	exermod35_49mo	1=1-3 2=4-6 3=7-9 4=10-12
				exermod35_49wk	1=0-1 days/month 2=2-3 days/month 3=1 day/week 4=2-3 days/week 5=4-5 days/week 6=6-7 days/week
				exermod35_49min	1=1-15 mins 2=16-30 mins 3=31-60 mins 4=1-2 hrs 5=3 hrs or more
				exervig35_49	1=Yes 2=No
				exervig35_49yrs	1=1-3 2=4-6 3=7-9 4=10-12 5=13-15
				exervig35_49mo	1=1-3 2=4-6 3=7-9 4=10-12
				exervig35_49wk	1=0-1 days/month 2=2-3 days/month 3=1 day/week 4=2-3 days/week 5=4-5 days/week 6=6-7 days/week
				exervig35_49min	1=1-10 mins 2=11-20 mins 3=21-40 mins 4=41-60 mins 5=1 hr or more
				exerweight35_49	1=Yes 2=No

Form Name	Pack. #	Page #	Quest #	Variable Name	Choices
Physical Activity	1	27	NA	exerweight35_49yrs	1=1-3 2=4-6 3=7-9 4=10-12 5=13-15
				exerweight35_49mo	1=1-3 2=4-6 3=7-9 4=10-12
				exerweight35_49wk	1=0-1 days/month 2=2-3 days/month 3=1 day/week 4=2-3 days/week 5=4-5 days/week 6=6-7 days/week
				exerweight35_49min	1=1-15 mins 2=16-30 mins 3=31-60 mins 4=1-2 hrs 5=3 hrs or more
				sports35_49	1=Yes 2=No
				sports35_49yrs	1=1-3 2=4-6 3=7-9 4=10-12 5=13-15
				sports35_49mo	1=1-3 2=4-6 3=7-9 4=10-12
				sports35_49wk	1=0-1 days/month 2=2-3 days/month 3=1 day/week 4=2-3 days/week 5=4-5 days/week 6=6-7 days/week

Form Name	Pack. #	Page #	Quest #	Variable Name	Choices
Physical Activity	1	27	NA	sports35_49min	1=1-15 mins 2=16-30 mins 3=31-60 mins 4=1-2 hrs 5=3 hrs or more
		28		Itchore50_65	1=Yes 2=No
				Itchore50_65yrs	1=1-3 2=4-6 3=7-9 4=10-12 5=13-15
				Itchore50_65mo	1=1-3 2=4-6 3=7-9 4=10-12
				Itchore50_65wk	1=0-1 days/month 2=2-3 days/month 3=1 day/week 4=2-3 days/week 5=4-5 days/week 6=6-7 days/week
				Itchore50_65min	1= 1-30 mins 2=31-60 mins 3=1-2 hrs 4=3-4 hrs 5=5 hrs or more
				modchore50_65	1=Yes 2=No
				modchore50_65yrs	1=1-3 2=4-6 3=7-9 4=10-12 5=13-15
				modchore50_65mo	1=1-3 2=4-6 3=7-9 4=10-12

Form Name	Pack. #	Page #	Quest #	Variable Name	Choices
Physical Activity	1	28	NA	modchore50_65wk	1=0-1 days/month 2=2-3 days/month 3=1 day/week 4=2-3 days/week 5=4-5 days/week 6=6-7 days/week
				modchore50_65min	1=1-15 mins 2=16-30 mins 3=31-60 mins 4=1-2 hrs 5=3 hrs or more
				lawn50_65	1=Yes 2=No
				lawn50_65yrs	1=1-3 2=4-6 3=7-9 4=10-12 5=13-15
				lawn50_65mo	1=1-3 2=4-6 3=7-9 4=10-12
				lawn50_65wk	1=0-1 days/month 2=2-3 days/month 3=1 day/week 4=2-3 days/week 5=4-5 days/week 6=6-7 days/week
				lawn50_65min	1= 1-30 mins 2=31-60 mins 3=1-2 hrs 4=3-4 hrs 5=5 hrs or more
				sit50_65	1=Yes 2=No
				sit50_65yrs	1=1-3 2=4-6 3=7-9 4=10-12 5=13-15

Form Name	Pack. #	Page #	Quest #	Variable Name	Choices
Physical Activity	1	28	NA	sit50_65mo	1=1-3 2=4-6 3=7-9 4=10-12
				sit50_65wk	1=0-1 days/month 2=2-3 days/month 3=1 day/week 4=2-3 days/week 5=4-5 days/week 6=6-7 days/week
				sit50_65min	1=1 hr 2=2-3 hrs 3=4-5 hrs 4=6-7 hrs 5=8 hrs or more
				standslow50_65	1=Yes 2=No
				standslow50_65yrs	1=1-3 2=4-6 3=7-9 4=10-12 5=13-15
				standslow50_65mo	1=1-3 2=4-6 3=7-9 4=10-12
				standslow50_65wk	1=0-1 days/month 2=2-3 days/month 3=1 day/week 4=2-3 days/week 5=4-5 days/week 6=6-7 days/week
				standslow50_65min	1= 1-30 mins 2=31-60 mins 3=1-2 hrs 4=3-4 hrs 5=5 hrs or more
				standbrisk50_65	1=Yes 2=No

Form Name	Pack. #	Page #	Quest #	Variable Name	Choices
Physical Activity	1	28	NA	standbrisk50_65yrs	1=1-3 2=4-6 3=7-9 4=10-12 5=13-15
				standbrisk50_65mo	1=1-3 2=4-6 3=7-9 4=10-12
				standbrisk50_65wk	1=0-1 days/month 2=2-3 days/month 3=1 day/week 4=2-3 days/week 5=4-5 days/week 6=6-7 days/week
				standbrisk50_65min	1= 1-30 mins 2=31-60 mins 3=1-2 hrs 4=3-4 hrs 5=5 hrs or more
		29		leisure50_65	1=Yes 2=No
				leisure50_65yrs	1=1-3 2=4-6 3=7-9 4=10-12 5=13-15
				leisure50_65mo	1=1-3 2=4-6 3=7-9 4=10-12
				leisure50_65wk	1=0-1 days/month 2=2-3 days/month 3=1 day/week 4=2-3 days/week 5=4-5 days/week 6=6-7 days/week
				leisure50_65min	1=1 hr 2=2-3 hrs 3=4-5 hrs 4=6-7 hrs 5=8 hrs or more

Form Name	Pack. #	Page #	Quest #	Variable Name	Choices
Physical Activity	1	29	NA	dance50_65	1=Yes 2=No
				dance50_65yrs	1=1-3 2=4-6 3=7-9 4=10-12 5=13-15
				dance50_65mo	1=1-3 2=4-6 3=7-9 4=10-12
				dance50_65wk	1=0-1 days/month 2=2-3 days/month 3=1 day/week 4=2-3 days/week 5=4-5 days/week 6=6-7 days/week
				dance50_65min	1= 1-30 mins 2=31-60 mins 3=1-2 hrs 4=3-4 hrs 5=5 hrs or more
				exermod50_65	1=Yes 2=No
				exermod50_65yrs	1=1-3 2=4-6 3=7-9 4=10-12 5=13-15
				exermod50_65mo	1=1-3 2=4-6 3=7-9 4=10-12
				exermod50_65wk	1=0-1 days/month 2=2-3 days/month 3=1 day/week 4=2-3 days/week 5=4-5 days/week 6=6-7 days/week

Form Name	Pack. #	Page #	Quest #	Variable Name	Choices
Physical Activity	1	29	NA	exermod50_65min	1=1-15 mins 2=16-30 mins 3=31-60 mins 4=1-2 hrs 5=3 hrs or more
				exervig50_65	1=Yes 2=No
				exervig50_65yrs	1=1-3 2=4-6 3=7-9 4=10-12 5=13-15
				exervig50_65mo	1=1-3 2=4-6 3=7-9 4=10-12
				exervig50_65wk	1=0-1 days/month 2=2-3 days/month 3=1 day/week 4=2-3 days/week 5=4-5 days/week 6=6-7 days/week
				exervig50_65min	1=1-10 mins 2=11-20 mins 3=21-40 mins 4=41-60 mins 5=1 hr or more
				exerweight50_65	1=Yes 2=No
				exerweight50_65yrs	1=1-3 2=4-6 3=7-9 4=10-12 5=13-15
				exerweight50_65mo	1=1-3 2=4-6 3=7-9 4=10-12

Form Name	Pack. #	Page #	Quest #	Variable Name	Choices
Physical Activity	1	29	NA	exerweight50_65wk	1=0-1 days/month 2=2-3 days/month 3=1 day/week 4=2-3 days/week 5=4-5 days/week 6=6-7 days/week
				exerweight50_65min	1=1-15 mins 2=16-30 mins 3=31-60 mins 4=1-2 hrs 5=3 hrs or more
				sports50_65	1=Yes 2=No
				sports50_65yrs	1=1-3 2=4-6 3=7-9 4=10-12 5=13-15
				sports50_65mo	1=1-3 2=4-6 3=7-9 4=10-12
				sports50_65wk	1=0-1 days/month 2=2-3 days/month 3=1 day/week 4=2-3 days/week 5=4-5 days/week 6=6-7 days/week
				sports50_65min	1=1-15 mins 2=16-30 mins 3=31-60 mins 4=1-2 hrs 5=3 hrs or more
		30		Itchore	1=Yes 2=No
				Itchoremo	1=1-3 2=4-6 3=7-9 4=10-12

Form Name	Pack. #	Page #	Quest #	Variable Name	Choices
Physical Activity	1	30	NA	Itchorewk	1=0-1 days/month 2=2-3 days/month 3=1 day/week 4=2-3 days/week 5=4-5 days/week 6=6-7 days/week
				Itchoremin	1= 1-30 mins 2=31-60 mins 3=1-2 hrs 4=3-4 hrs 5=5 hrs or more
				modchore	1=Yes 2=No
				modchoremo	1=1-3 2=4-6 3=7-9 4=10-12
				modchorewk	1=0-1 days/month 2=2-3 days/month 3=1 day/week 4=2-3 days/week 5=4-5 days/week 6=6-7 days/week
				modchoremin	1=1-15 mins 2=16-30 mins 3=31-60 mins 4=1-2 hrs 5=3 hrs or more
				lawnmild	1=Yes 2=No
				lawnmildmo	1=1-3 2=4-6 3=7-9 4=10-12
				lawnmildwk	1=0-1 days/month 2=2-3 days/month 3=1 day/week 4=2-3 days/week 5=4-5 days/week 6=6-7 days/week

Form Name	Pack. #	Page #	Quest #	Variable Name	Choices
Physical Activity	1	30	NA	lawnmildmin	1=1-15 mins 2=16-30 mins 3=31-60 mins 4=1-2 hrs 5=3 hrs or more
				lawnmod	1=Yes 2=No
				lawnmodmo	1=1-3 2=4-6 3=7-9 4=10-12
				lawnmodwk	1=0-1 days/month 2=2-3 days/month 3=1 day/week 4=2-3 days/week 5=4-5 days/week 6=6-7 days/week
				lawnmodmin	1=1-15 mins 2=16-30 mins 3=31-60 mins 4=1-2 hrs 5=3 hrs or more
				lawnvig	1=Yes 2=No
				lawnvigmo	1=1-3 2=4-6 3=7-9 4=10-12
				lawnvigwk	1=0-1 days/month 2=2-3 days/month 3=1 day/week 4=2-3 days/week 5=4-5 days/week 6=6-7 days/week
				lawnvigmin	1=1-15 mins 2=16-30 mins 3=31-60 mins 4=1-2 hrs 5=3 hrs or more
		31		sit	1=Yes 2=No

Form Name	Pack. #	Page #	Quest #	Variable Name	Choices
Physical Activity	1	31	NA	sitmo	1=1-3 2=4-6 3=7-9 4=10-12
				sitwk	1=0-1 days/month 2=2-3 days/month 3=1 day/week 4=2-3 days/week 5=4-5 days/week 6=6-7 days/week
				sitmin	1=1 hr 2=2-3 hrs 3=4-5 hrs 4=6-7 hrs 5=8 hrs or more
				standslow	1=Yes 2=No
				standslowmo	1=1-3 2=4-6 3=7-9 4=10-12
				standslowwk	1=0-1 days/month 2=2-3 days/month 3=1 day/week 4=2-3 days/week 5=4-5 days/week 6=6-7 days/week
				standslowmin	1= 1-30 mins 2=31-60 mins 3=1-2 hrs 4=3-4 hrs 5=5 hrs or more
				standmod	1=Yes 2=No
				standmodmo	1=1-3 2=4-6 3=7-9 4=10-12
				standmodwk	1=0-1 days/month 2=2-3 days/month 3=1 day/week 4=2-3 days/week 5=4-5 days/week 6=6-7 days/week

Form Name	Pack. #	Page #	Quest #	Variable Name	Choices
Physical Activity	1	31	NA	standmodmin	1= 1-30 mins 2=31-60 mins 3=1-2 hrs 4=3-4 hrs 5=5 hrs or more
				standvig	1=Yes 2=No
				standvigmo	1=1-3 2=4-6 3=7-9 4=10-12
				standvigwk	1=0-1 days/month 2=2-3 days/month 3=1 day/week 4=2-3 days/week 5=4-5 days/week 6=6-7 days/week
				standvigmin	1-5 (1-30 min; to 5+ hours)
				lteeffort	1=Yes 2=No
				lteeffortmo	1=1-3 2=4-6 3=7-9 4=10-12
				lteeffortwk	1=0-1 days/month 2=2-3 days/month 3=1 day/week 4=2-3 days/week 5=4-5 days/week 6=6-7 days/week
				lteeffortmin	1=1-15 mins 2=16-30 mins 3=31-60 mins 4=1-2 hrs 5=3 hrs or more
				modeffort	1=Yes 2=No

Form Name	Pack. #	Page #	Quest #	Variable Name	Choices
Physical Activity	1	31	NA	modeffortmo	1=1-3 2=4-6 3=7-9 4=10-12
				modeffortwk	1=0-1 days/month 2=2-3 days/month 3=1 day/week 4=2-3 days/week 5=4-5 days/week 6=6-7 days/week
				modeffortmin	1=1-15 mins 2=16-30 mins 3=31-60 mins 4=1-2 hrs 5=3 hrs or more
		32		transportwork	1=Yes 2=No
				transportworkmo	1=1-3 2=4-6 3=7-9 4=10-12
				transportworkwk	1=0-1 days/month 2=2-3 days/month 3=1 day/week 4=2-3 days/week 5=4-5 days/week 6=6-7 days/week
				transportworkmin	1=1-15 mins 2=16-30 mins 3=31-60 mins 4=1-2 hrs 5=3 hrs or more
				transportchore	1=Yes 2=No

Form Name	Pack. #	Page #	Quest #	Variable Name	Choices
Physical Activity	1	32	NA	transportchoremo	1=1-3 2=4-6 3=7-9 4=10-12
				transportchoremin	1=1-15 mins 2=16-30 mins 3=31-60 mins 4=1-2 hrs 5=3 hrs or more
				tv	1=Yes 2=No
				tvmo	1=1-3 2=4-6 3=7-9 4=10-12
				tvwk	1=0-1 days/month 2=2-3 days/month 3=1 day/week 4=2-3 days/week 5=4-5 days/week 6=6-7 days/week
				tvmin	1=1-15 mins 2=16-30 mins 3=31-60 mins 4=1-2 hrs 5=3 hrs or more
				sitting	1=Yes 2=No
				sittingmo	1=1-3 2=4-6 3=7-9 4=10-12
				sittingwk	1=0-1 days/month 2=2-3 days/month 3=1 day/week 4=2-3 days/week 5=4-5 days/week 6=6-7 days/week
				sittingmin	1=1-15 mins 2=16-30 mins 3=31-60 mins 4=1-2 hrs 5=3 hrs or more

Form Name	Pack. #	Page #	Quest #	Variable Name	Choices
Physical Activity	1	32	NA	walk	1=Yes 2=No
				walkmo	1=1-3 2=4-6 3=7-9 4=10-12
				walkwk	1=0-1 days/month 2=2-3 days/month 3=1 day/week 4=2-3 days/week 5=4-5 days/week 6=6-7 days/week
				walkmin	1=1-15 mins 2=16-30 mins 3=31-60 mins 4=1-2 hrs 5=3 hrs or more
				dance	1=Yes 2=No
				dancemo	1=1-3 2=4-6 3=7-9 4=10-12
				dancewk	1=0-1 days/month 2=2-3 days/month 3=1 day/week 4=2-3 days/week 5=4-5 days/week 6=6-7 days/week
				dancemin	1=1-15 mins 2=16-30 mins 3=31-60 mins 4=1-2 hrs 5=3 hrs or more
		33		sports	1=Yes 2=No
				sportsmo	1=1-3 2=4-6 3=7-9 4=10-12

Form Name	Pack. #	Page #	Quest #	Variable Name	Choices
Physical Activity	1	32	NA	sportswk	1=0-1 days/month 2=2-3 days/month 3=1 day/week 4=2-3 days/week 5=4-5 days/week 6=6-7 days/week
				sportsmin	1= 1-30 mins 2=31-60 mins 3=1-2 hrs 4=3-4 hrs 5=5 hrs or more
				heavysports	1=Yes 2=No
				heavysportsmo	1=1-3 2=4-6 3=7-9 4=10-12
		33		heavysportswk	1=0-1 days/month 2=2-3 days/month 3=1 day/week 4=2-3 days/week 5=4-5 days/week 6=6-7 days/week
				heavysportsmin	1= 1-30 mins 2=31-60 mins 3=1-2 hrs 4=3-4 hrs 5=5 hrs or more
				exermod	1=Yes 2=No
				exermodmo	1=1-3 2=4-6 3=7-9 4=10-12

Form Name	Pack. #	Page #	Quest #	Variable Name	Choices
Physical Activity	1	33	NA	exermodwk	1=0-1 days/month 2=2-3 days/month 3=1 day/week 4=2-3 days/week 5=4-5 days/week 6=6-7 days/week
				exermodmin	1=1-15 mins 2=16-30 mins 3=31-60 mins 4=1-2 hrs 5=3 hrs or more
				exervig	1=Yes 2=No
				exervigmo	1=1-3 2=4-6 3=7-9 4=10-12
				exervigwk	1=0-1 days/month 2=2-3 days/month 3=1 day/week 4=2-3 days/week 5=4-5 days/week 6=6-7 days/week
				exervigmin	1=1-10 mins 2=11-20 mins 3=21-40 mins 4=41-60 mins 5=1 hr or more
		33		exerweight	1=Yes 2=No
				exerweightmo	1=1-3 2=4-6 3=7-9 4=10-12
				exerweightwk	1=0-1 days/month 2=2-3 days/month 3=1 day/week 4=2-3 days/week 5=4-5 days/week 6=6-7 days/week

Form Name	Pack. #	Page #	Quest #	Variable Name	Choices
Physical Activity	1	33	NA	exerweightmin	1=1-15 mins 2=16-30 mins 3=31-60 mins 4=1-2 hrs 5=3 hrs or more
				yoga	1=Yes 2=No
				yogamo	1=1-3 2=4-6 3=7-9 4=10-12
				yogawk	1=0-1 days/month 2=2-3 days/month 3=1 day/week 4=2-3 days/week 5=4-5 days/week 6=6-7 days/week
				yogamin	1=1-15 mins 2=16-30 mins 3=31-60 mins 4=1-2 hrs 5=3 hrs or more

## List of Codes

Form Name	Pack. #	Page #	Quest. #	Variable Name	Choices
Personal Reaction Inventory	1	34	NA	ID	Subject ID
			NA	pri_date	Date the PRI 1 form completed
			1	dh1	1=true 0=false
			2	dh2	1=true 0=false
			3	dh3	1=true 0=false
			4	dh4	1=true 0=false
			5	dh5	1=true 0=false
			6	dh6	1=true 0=false
			7	dh7	1=true 0=false
			8	dh8	1=true 0=false
			9	dh9	1=true 0=false
			10	dh10	1=true 0=false
			11	dh11	1=true 0=false
			12	dh12	1=true 0=false
			13	dh13	1=true 0=false
			14	dh14	1=true 0=false
		35	15	dh15	1=true 0=false
			16	dh16	1=true 0=false
			17	dh17	1=true 0=false

Form Name	Pack. #	Page #	Quest. #	Variable Name	Choices
Personal Reaction Inventory	1	35	18	dh18	1=true 0=false
			19	dh19	1=true 0=false
			20	dh20	1=true 0=false
			21	dh21	1=true 0=false
			22	dh22	1=true 0=false
			23	dh23	1=true 0=false
			24	dh24	1=true 0=false
			25	dh25	1=true 0=false
			26	dh26	1=true 0=false
			27	dh27	1=true 0=false
			28	dh28	1=true 0=false
			29	dh29	1=true 0=false
			30	dh30	1=true 0=false
			31	dh31	1=true 0=false
			32	dh32	1=true 0=false
			33	dh33	1=true 0=false

Form Name	Pack. #	Page #	Quest. #	Variable Name	Choices
Personal Reaction Inventory	1	36	1	sa1	1=disagree strongly 2=disagree 3=no opinion 4=agree 5=agree strongly
			2	sa2	1=disagree strongly 2=disagree 3=no opinion 4=agree 5=agree strongly
			3	sa3	1=disagree strongly 2=disagree 3=no opinion 4=agree 5=agree strongly
			4	sa4	1=disagree strongly 2=disagree 3=no opinion 4=agree 5=agree strongly
			5	sa5	1=disagree strongly 2=disagree 3=no opinion 4=agree 5=agree strongly
			6	sa6	1=disagree strongly 2=disagree 3=no opinion 4=agree 5=agree strongly
			7	sa7	1=disagree strongly 2=disagree 3=no opinion 4=agree 5=agree strongly
			8	sa8	1=disagree strongly 2=disagree 3=no opinion 4=agree 5=agree strongly

Form Name	Pack. #	Page #	Quest. #	Variable Name	Choices
Personal Reaction Inventory	1	36	9	sa9	1=disagree strongly 2=disagree 3=no opinion 4=agree 5=agree strongly
			10	sa10	1=disagree strongly 2=disagree 3=no opinion 4=agree 5=agree strongly
			11	sa11	1=disagree strongly 2=disagree 3=no opinion 4=agree 5=agree strongly
			12	sa12	1=disagree strongly 2=disagree 3=no opinion 4=agree 5=agree strongly
			13	sa13	1=disagree strongly 2=disagree 3=no opinion 4=agree 5=agree strongly
		37	14	sa14	1=disagree strongly 2=disagree 3=no opinion 4=agree 5=agree strongly
			15	sa15	1=disagree strongly 2=disagree 3=no opinion 4=agree 5=agree strongly
			16	sa16	1=disagree strongly 2=disagree 3=no opinion 4=agree 5=agree strongly

Form Name	Pack. #	Page #	Quest. #	Variable Name	Choices
Personal Reaction Inventory	1	37	17	sa17	1=disagree strongly 2=disagree 3=no opinion 4=agree 5=agree strongly
				sa18	1=disagree strongly 2=disagree 3=no opinion 4=agree 5=agree strongly
				sa19	1=disagree strongly 2=disagree 3=no opinion 4=agree 5=agree strongly
				sa20	1=disagree strongly 2=disagree 3=no opinion 4=agree 5=agree strongly
1	38	46	height_ft	0-9	
			height_in	0-9	
		47	height_age	0-99	
		48	weight_18yrs	0-999	
			weight_30yrs	0-999	
			weight_50yrs	0-999	
			weight_5yrsago	0-999	
		49	maxweight	0-999	
		50	maxweight_age	0-99	

## Personal Reaction Inventory 2

Form Name	Pack. #	Page #	Quest. #	Variable Name	Choices
Personal Reaction Inventory 2	2	1	N/A	pri_date	Date the PRI 2 form completed
		1		ba1	1=Not at all 2=Mildly (did not bother me much) 3=Moderately (it was very unpleasant but I could stand it) 4=Severely (I could barely stand it)
		2		ba2	1=Not at all 2=Mildly (did not bother me much) 3=Moderately (it was very unpleasant but I could stand it) 4=Severely (I could barely stand it)
		3		ba3	1=Not at all 2=Mildly (did not bother me much) 3=Moderately (it was very unpleasant but I could stand it) 4=Severely (I could barely stand it)
		4		ba4	1=Not at all 2=Mildly (did not bother me much) 3=Moderately (it was very unpleasant but I could stand it) 4=Severely (I could barely stand it)
		5		ba5	1=Not at all 2=Mildly (did not bother me much) 3=Moderately (it was very unpleasant but I could stand it) 4=Severely (I could barely stand it)
		6		ba6	1=Not at all 2=Mildly (did not bother me much) 3=Moderately (it was very unpleasant but I could stand it) 4=Severely (I could barely stand it)
		7		ba7	1=Not at all 2=Mildly (did not bother me much) 3=Moderately (it was very unpleasant but I could stand it) 4=Severely (I could barely stand it)
		8		ba8	1=Not at all 2=Mildly (did not bother me much) 3=Moderately (it was very unpleasant but I could stand it) 4=Severely (I could barely stand it)

Form Name	Pack. #	Page #	Quest. #	Variable Name	Choices
Personal Reaction Inventory 2	2	1	9	ba9	1=Not at all 2=Mildly (did not bother me much) 3=Moderately (it was very unpleasant but I could stand it) 4=Severely (I could barely stand it)
			10	ba10	1=Not at all 2=Mildly (did not bother me much) 3=Moderately (it was very unpleasant but I could stand it) 4=Severely (I could barely stand it)
			11	ba11	1=Not at all 2=Mildly (did not bother me much) 3=Moderately (it was very unpleasant but I could stand it) 4=Severely (I could barely stand it)
			12	ba12	1=Not at all 2=Mildly (did not bother me much) 3=Moderately (it was very unpleasant but I could stand it) 4=Severely (I could barely stand it)
			13	ba13	1=Not at all 2=Mildly (did not bother me much) 3=Moderately (it was very unpleasant but I could stand it) 4=Severely (I could barely stand it)
			14	ba14	1=Not at all 2=Mildly (did not bother me much) 3=Moderately (it was very unpleasant but I could stand it) 4=Severely (I could barely stand it)
			15	ba15	1=Not at all 2=Mildly (did not bother me much) 3=Moderately (it was very unpleasant but I could stand it) 4=Severely (I could barely stand it)
			16	ba16	1=Not at all 2=Mildly (did not bother me much) 3=Moderately (it was very unpleasant but I could stand it) 4=Severely (I could barely stand it)

Form Name	Pack. #	Page #	Quest. #	Variable Name	Choices
Personal Reaction Inventory 2	2	2	17	ba17	1=Not at all 2=Mildly (did not bother me much) 3=Moderately (it was very unpleasant but I could stand it) 4=Severely (I could barely stand it)
			18	ba18	1=Not at all 2=Mildly (did not bother me much) 3=Moderately (it was very unpleasant but I could stand it) 4=Severely (I could barely stand it)
			19	ba19	1=Not at all 2=Mildly (did not bother me much) 3=Moderately (it was very unpleasant but I could stand it) 4=Severely (I could barely stand it)
			20	ba20	1=Not at all 2=Mildly (did not bother me much) 3=Moderately (it was very unpleasant but I could stand it) 4=Severely (I could barely stand it)
			21	ba21	1=Not at all 2=Mildly (did not bother me much) 3=Moderately (it was very unpleasant but I could stand it) 4=Severely (I could barely stand it)

Form Name	Pack. #	Page #	Quest. #	Variable Name	Choices
Personal Reaction Inventory 2	2	2	A	cec_a	1=Almost never 2=Sometimes 3=Often 4=Almost always
			B	cec_b	1=Almost never 2=Sometimes 3=Often 4=Almost always
			C	cec_c	1=Almost never 2=Sometimes 3=Often 4=Almost always
			D	cec_d	1=Almost never 2=Sometimes 3=Often 4=Almost always
			E	cec_e	1=Almost never 2=Sometimes 3=Often 4=Almost always
			F	cec_f	1=Almost never 2=Sometimes 3=Often 4=Almost always
			G	cec_g	1=Almost never 2=Sometimes 3=Often 4=Almost always
			H	cec_h	1=Almost never 2=Sometimes 3=Often 4=Almost always

Form Name	Pack. #	Page #	Quest. #	Variable Name	Choices
Personal Reaction Inventory 2	2	2	I	cec_i	1=Almost never 2=Sometimes 3=Often 4=Almost always
			J	cec_j	1=Almost never 2=Sometimes 3=Often 4=Almost always
			K	cec_k	1=Almost never 2=Sometimes 3=Often 4=Almost always
			L	cec_l	1=Almost never 2=Sometimes 3=Often 4=Almost always
			M	cec_m	1=Almost never 2=Sometimes 3=Often 4=Almost always
			N	cec_n	1=Almost never 2=Sometimes 3=Often 4=Almost always
	3		O	cec_o	1=Almost never 2=Sometimes 3=Often 4=Almost always
			P	cec_p	1=Almost never 2=Sometimes 3=Often 4=Almost always
			Q	cec_q	1=Almost never 2=Sometimes 3=Often 4=Almost always
			R	cec_r	1=Almost never 2=Sometimes 3=Often 4=Almost always

Form Name	Pack. #	Page #	Quest. #	Variable Name	Choices
Personal Reaction Inventory 2	2	3	S	cec_s	1=Almost never 2=Sometimes 3=Often 4=Almost always
			T	cec_t	1=Almost never 2=Sometimes 3=Often 4=Almost always
			U	cec_u	1=Almost never 2=Sometimes 3=Often 4=Almost always
			N/A	cec_angry	1=Almost never 2=Sometimes 3=Often 4=Almost always
			N/A	cec_anxious	1=Almost never 2=Sometimes 3=Often 4=Almost always
			N/A	cec_unhappy	1=Almost never 2=Sometimes 3=Often 4=Almost always
	4	1	r1		1=Strongly disagree 2=Disagree 3=Agree 4=Strongly agree
		2	r2		1=Strongly disagree 2=Disagree 3=Agree 4=Strongly agree
		3	r3		1=Strongly disagree 2=Disagree 3=Agree 4=Strongly agree
		4	r4		1=Strongly disagree 2=Disagree 3=Agree 4=Strongly agree

Form Name	Pack. #	Page #	Quest. #	Variable Name	Choices
Personal Reaction Inventory 2	2	4	5	r5	1=Strongly disagree 2=Disagree 3=Agree 4=Strongly agree
			6	r6	1=Strongly disagree 2=Disagree 3=Agree 4=Strongly agree
			7	r7	1=Strongly disagree 2=Disagree 3=Agree 4=Strongly agree
			8	r8	1=Strongly disagree 2=Disagree 3=Agree 4=Strongly agree
			9	r9	1=Strongly disagree 2=Disagree 3=Agree 4=Strongly agree
			10	r10	1=Strongly disagree 2=Disagree 3=Agree 4=Strongly agree

Form Name	Pack. #	Page #	Quest. #	Variable Name	Choices
Personal, Family, and Health History	2	5	N/A	pfhh_date	date of form completed
			1	adopted	0=No 1=Yes, but I know about biological mothers pregnancy 2=Yes, but I don't know about biological mothers pregnancy 3=Unsure
			2	mom_birthage	0-99
			3	mom_pregs	1=Yes 0=No
			4	mom_livesing	0-99
				mom_mult	0-99
				mom_still	0-99
		6	5	twin	1=Yes 0=No
			6	identwin	1=Yes 0=No
			7	femtwin	1=Yes 0=No
			8	birthwt_lbs	0-99
				birthwt_oz	0-99
				birthwt_unsure	1=Unsure
			9	birthwt_low	1=Yes 0=No 2=Unsure
			10	birthwt_high	1=Yes 0=No 2=Unsure
			11	mom_smoke	1=Yes 0=No 2=Unsure
			12	mom_alcohol	1=Yes 0=No 2=Unsure
			13	mom_des	1=Yes 0=No 2=Unsure

Form Name	Pack. #	Page #	Quest. #	Variable Name	Choices
Personal, Family, and Health History	2	7	14	mom_hormones	1=Yes 0=No 2=Unsure
			15	mom_alive	1=Yes 0=No 2=Unsure
			16	mom_contact	1=Yes 0=No
			17	everpreg	1=Yes 0=No
			18	numpreg	0-99
			19	age1stpreg	0-99
	8	20		singlebirths	1-12
				single_bfed	0=No 1=Less than 6 months 2=6 to 12 months 3=12 to 18 months 4=18 or more months
				multiplebirths	1-12
				multiple_bfed	0=No 1=Less than 6 months 2=6 to 12 months 3=12 to 18 months 4=18 or more months
				multiplestills	1-12
				stillbirths	1-12
				miscarriages	1-12
				abortions	1-12
				ectopics	1-12
		21		age1stcycle	0-99
	9	22		cycledays	0-99
		23		misscycle	1=Yes 0=No
		24		missmonth	0-99
		25		cycle1yr	1=Yes 0=No
		26		numcycle1yr	1-12 (1 to 12 or more)

Form Name	Pack. #	Page #	Quest. #	Variable Name	Choices
Personal, Family, and Health History	2	10	27a	diabetes	0=No 1=Yes
			27b	boweldis	0=No 1=Yes
			27c	polyps	0=No 1=Yes
			27d	ulcers	0=No 1=Yes
			27e	lungdis	0=No 1=Yes
			27f	heartfail	0=No 1=Yes
			27g	heartattack	0=No 1=Yes
			27h	chestpain	0=No 1=Yes
			27i	hypercol	0=No 1=Yes
			27j	hyperten	0=No 1=Yes
			27k	stroke	0=No 1=Yes
			27l	liverdis	0=No 1=Yes
			27m	hepatitis	0=No 1=Yes
			27n	pancreas	0=No 1=Yes
			27o	kstones	0=No 1=Yes
			27p	kidneydis	0=No 1=Yes
			27q	gstones	0=No 1=Yes
			27r	thyroidprob	0=No 1=Yes
			27s	osteop	0=No 1=Yes
			27t	depression	0=No 1=Yes
			27u	autoimmune	0=No 1=Yes

## List of Codes

Form Name	Pack. #	Page #	Que st. #	Variable Name	Choices
Personal, Family and Health History	2	11	28	hyster	0=No 1=Yes
			29	hyster_date	Date
			30	oopher	0=No 1=Yes
			31	oopher_date	Date
			32	sisters	0-10 or more
			33	mom_sisters	0=0 1=1 2=2 3=3 4=4 5=5 6=6 7=7 8=8 9=9 10=10 or more
		12	34	dad_sisters	0=0 1=1 2=2 3=3 4=4 5=5 6=6 7=7 8=8 9=9 10=10 or more
			35	bc_history	0=No 1=Yes

Form Name	Pack. #	Page #	Quest. #	Variable Name	Choices
Personal, Family and Health History	2	12	36	mom_bc	1=Before menopause 2=After menopause 3=Not sure when
				mom_bcbreast	1=One breast 2=Two breasts
				dadmom_bc	1=Before menopause 2=After menopause 3=Not sure when
				dadmom_bcbreast	1=One breast 2=Two breasts
				mommom_bc	1=Before menopause 2=After menopause 3=Not sure when
				mommom_bcbreast	1=One breast 2=Two breasts
				sis_bcpree	1-10 or more (Before menopause)
				sis_bcpost	1-10 or more (After menopause)
				sis_bc	1-10 or more (Not sure when)
				sis_bc1	1-10 or more (One breast)
				sis_bc2	1-10 or more (Two breasts)
				aunt_bcpree	1-10 or more (Before menopause)
				aunt_bcpost	1-10 or more (After menopause)
				aunt_bc	1-10 or more (Not sure when)
				aunt_bc1	1-10 or more (One breast)
				aunt_bc2	1-10 or more (Two breasts)
			37	malerel_bc	0=No 1=Yes 9=Don't Know
			38	malerel	1=Father 2=Grand father 3=Brother 4=Uncle

Form Name	Pack. #	Page #	Quest. #	Variable Name	Choices
Personal, Family and Health History	2	13	39	smoke	0=No 1=Yes
			40	smoke_startage	1-99 years
			41	smoke_endage	1-99 years
			42	smoke_type	1=Cigarette 2=Cigar 3=Pipe
			43	smoke_regular	0=No 1=Yes
			44	smoke_week	# of cigarettes, cigars or pipes
			45	smoke_weekend	# of cigarettes, cigars or pipefuls of tobacco
	14	46		birthcontrol	0=No 1=Yes
			47	dietitian	0=No 1=Yes
			48	youthrel1	0-24 (See ID list in survey)
				youthrel2	0-24
				youthrel3	0-24
				youthrel4	0-24
				youthrel5	0-24
			49	presrel1	0-24
				presrel2	0-24
				presrel3	0-24
				presrel4	0-24
				presrel5	0-24
			49b	Jew_eth	1 = Ashkenazi 2 = Sephardic 0 = other
		15	50	churchfreq	0=Never 1= Special Occasions only 2= One time per month 3=2-3 times per month 4=1 time per week 5=2-6 times per week 6= 1 time per day 7= 2+ times per day
			51	churchyears	1=1 year 2=2-5 years 3=6-10 yrs 4=11-20 yrs 5=21-30 yrs 6=30+yrs

Form Name	Pack. #	Page #	Quest. #	Variable Name	Choices
Personal, Family and Health History	2	15	52	meditationfreq	0=Never 1= Special Occasions only 2= One time per month 3=2-3 times per month 4=1 time per week 5=2-6times per week 6=1 time per day 7=2+ times per day
			53	meditationyears	1=1 year 2=2-5 years 3=6-10 yrs 4=11-20 yrs 5=21-30 yrs 6=30+yrs
			54	spiritualitytype	1=Relaxation exercises 2=Meditation 3= Self Hypnosis 4=Imagery or Visualization 5=Prayer
		16	55	spiritual	1= Strongly disagree 2=Disagree 3=Neither Agree nor Disagree 4=Agree 5=Strongly Agree
			56	sleepweek_time	Time of day
				sleepweek_ampm	1=AM 2=PM
			57	wakeweek_time	Time of day
				wakeweek_ampm	1=AM 2=PM
			58	sleepwend_time	Time of day
				sleepwend_ampm	1=AM 2=PM
			59	wakewend_time	Time of day
				wakewend_ampm	1=AM 2=PM

Form Name	Pack. #	Page #	Quest. #	Variable Name	Choices
Personal, Family and Health History	2	17	60	timeswakeup	0=0 1=1 2=2 3=3 4=4 5=5 or more
			61	lightson	0=No 1=Yes
			62	awake_mins	0-999; # of Minutes
			63	reasonwakeup	1=To use bathroom 2=Noise 3=Bed partner wakes you up 4=Child care or care for another person 5=Uncomfortable or in pain, excluding hot flashes 6=Hot flashes 7 Just wake up
			64	sleepseason	0=No 1=Yes
			65	sleepdiff_hrs	0-99 Hours
				sleepdiff_mins	0-99 Minutes
	18	67		sleepmost	1= Summer 2=Fall 3=Winter 4=Spring
			68	sleepleast	0=No 1=Yes
			69	mindbody_mins	0-99
			70	mindbody_freq	0-99
				mindbody_period	1=Week 2=Month 3=Year
			71	mindbody_yrs	0-99
			72	mindbody_form	1=Yoga 2=Tai Chi 3=Qi Qong 4=Acupressure or Shiatsu 5=Self manage 6=Reiki, Therapeutic Touch or Healing Touch

Form Name	Pack. #	Page #	Quest. #	Variable Name	Choices
Personal, Family and Health History	2	19	73	dogyrs	0-99
				catyrs	0-99
				birdyrs	0-99
				othpetyrs	0-99
		74		depressed	0=No 1=Yes
		75		uninterested	0=No 1=Yes
		76		psych_med	0=No 1=Yes
		77		psych_treat	0=No 1=Yes
		78		psych_freq	0-99
				psych_period	1=Week 2=Month
		79		Description Psychological problems	N/A

Form Name	Pack. #	Page #	Quest. #	Variable Name	Choices
Personal, Family and Health History	2	20	80	aspirin	1=Yes 0=No
				aspirin_freq	1=1 Day per month 2=2-3 Days per month 3=1-2 Days per week 4=3-4 Days per week 5=5-7 Days per week
				aspirin_yrs	1=3 months to 1 year 2=Up to 2 years 3=Up to 3 years 4=Up to 4 years 5=Up to 5 years
				ibuprofen	1=Yes 0=No
				ibuprofen_freq	1=1 Day per month 2=2-3 Days per month 3=1-2 Days per week 4=3-4 Days per week 5=5-7 Days per week
				ibuprofen_yrs	1=3 months to 1 year 2=Up to 2 years 3=Up to 3 years 4=Up to 4 years 5=Up to 5 years
				acetamin	1=Yes 0=No
				acetamin_freq	1=1 Day per month 2=2-3 Days per month 3=1-2 Days per week 4=3-4 Days per week 5=5-7 Days per week
				acetamin_yrs	1=3 months to 1 year 2=Up to 2 years 3=Up to 3 years 4=Up to 4 years 5=Up to 5 years

Form Name	Pack. #	Page #	Quest. #	Variable Name	Choices
Personal, Family and Health History	2	20	80	indometh	1=Yes 0=No
				indometh_freq	1=1 Day per month 2=2-3 Days per month 3=1-2 Days per week 4=3-4 Days per week 5=5-7 Days per week
				indometh_yrs	1=3 months to 1 year 2=Up to 2 years 3=Up to 3 years 4=Up to 4 years 5=Up to 5 years
				naproxen	1=Yes 0=No
				naproxen_freq	1=1 Day per month 2=2-3 Days per month 3=1-2 Days per week 4=3-4 Days per week 5=5-7 Days per week
				naproxen_yrs	1=3 months to 1 year 2=Up to 2 years 3=Up to 3 years 4=Up to 4 years 5=Up to 5 years
				ketoprofen	1=Yes 0=No
				ketoprofen_freq	1=1 Day per month 2=2-3 Days per month 3=1-2 Days per week 4=3-4 Days per week 5=5-7 Days per week
				ketoprofen_yrs	1=3 months to 1 year 2=Up to 2 years 3=Up to 3 years 4=Up to 4 years 5=Up to 5 years

Form Name	Pack. #	Page #	Quest. #	Variable Name	Choices
Personal, Family and Health History				painrel	1=Yes 0=No
				painrel_freq	1=1 Day per month 2=2-3 Days per month 3=1-2 Days per week 4=3-4 Days per week 5=5-7 Days per week
				painrel_yrs	1=3 months to 1 year 2=Up to 2 years 3=Up to 3 years 4=Up to 4 years 5=Up to 5 years
				tamoxifen	1=Yes 0=No
				tamoxifen_freq	1=1 Day per month 2=2-3 Days per month 3=1-2 Days per week 4=3-4 Days per week 5=5-7 Days per week
				tamoxifen_yrs	1=3 months to 1 year 2=Up to 2 years 3=Up to 3 years 4=Up to 4 years 5=Up to 5 years

**SF-36 Health Survey**

Form Name	Pack. #	Page #	Quest. #	Variable Name	Choices
SF-36 Health Survey	2	21	N/A	sf36_date	Date form completed
			1	gh1	1=Excellent 2=Very good 3=Good 4=Fair 5=Poor
			2	ht	1=Much better now than one year ago 2=Slightly better now than one year ago 3>About the same as one year ago 4=Slightly worse now than one year ago 5=Much worse now than one year ago
		22	3a	pf1	1=Yes, limited a lot 2=Yes, limited a little 3=No, not limited at all
			3b	pf2	1=Yes, limited a lot 2=Yes, limited a little 3=No, not limited at all
			3c	pf3	1=Yes, limited a lot 2=Yes, limited a little 3=No, not limited at all
			3d	pf4	1=Yes, limited a lot 2=Yes, limited a little 3=No, not limited at all
			3e	pf5	1=Yes, limited a lot 2=Yes, limited a little 3=No, not limited at all
			3f	pf6	1=Yes, limited a lot 2=Yes, limited a little 3=No, not limited at all
			3g	pf7	1=Yes, limited a lot 2=Yes, limited a little 3=No, not limited at all

Form Name	Pack. #	Page #	Quest. #	Variable Name	Choices
SF-36 Health Survey	2	22	3h	pf8	1=Yes, limited a lot 2=Yes, limited a little 3=No, not limited at all
			3i	pf9	1=Yes, limited a lot 2=Yes, limited a little 3=No, not limited at all
			3j	pf10	1=Yes, limited a lot 2=Yes, limited a little 3=No, not limited at all
			4a	rp1	1=Yes 0=No
			4b	rp2	1=Yes 0=No
			4c	rp3	1=Yes 0=No
			4d	rp4	1=Yes 0=No
	23	5a	re1		1=Yes 0=No
		5b	re2		1=Yes 0=No
		5c	re3		1=Yes 0=No
		6	sf1		1=Not at all 2=Slightly 3=Moderately 4=Quite a bit 5=Extremely
		7	bp1		1=None 2=Very mild 3=Mild 4=Moderate 5=Severe 6=Very severe
		8	bp2		1=Not at all 2=A little bit 3=Moderately 4=Quite a bit 5=Extremely

Form Name	Pack. #	Page #	Quest. #	Variable Name	Choices
SF-36 Health Survey	2	23	9a	vt1	1=All of the time 2=Most of the time 3=A good bit of the time 4=Some of the time 5=A little of the time 6=None of the time
			9b	mh1	1=All of the time 2=Most of the time 3=A good bit of the time 4=Some of the time 5=A little of the time 6=None of the time
			9c	mh2	1=All of the time 2=Most of the time 3=A good bit of the time 4=Some of the time 5=A little of the time 6=None of the time
		24	9d	mh3	1=All of the time 2=Most of the time 3=A good bit of the time 4=Some of the time 5=A little of the time 6=None of the time
			9e	vt2	1=All of the time 2=Most of the time 3=A good bit of the time 4=Some of the time 5=A little of the time 6=None of the time
			9f	mh4	1=All of the time 2=Most of the time 3=A good bit of the time 4=Some of the time 5=A little of the time 6=None of the time
			9g	vt3	1=All of the time 2=Most of the time 3=A good bit of the time 4=Some of the time 5=A little of the time 6=None of the time

Form Name	Pack. #	Page #	Quest. #	Variable Name	Choices
SF-36 Health Survey	2	23	9h	mh5	1=All of the time 2=Most of the time 3=A good bit of the time 4=Some of the time 5=A little of the time 6=None of the time
			9i	vt4	1=All of the time 2=Most of the time 3=A good bit of the time 4=Some of the time 5=A little of the time 6=None of the time
			10	sf2	1=All of the time 2=Most of the time 3=Some of the time 4=A little of the time 5=None of the time
			11a	gh2	1=Definitely true 2=Mostly true 3=Don't know 4=Mostly false 5=Definitely false
			11b	gh3	1=Definitely true 2=Mostly true 3=Don't know 4=Mostly false 5=Definitely false
			11c	gh4	1=Definitely true 2=Mostly true 3=Don't know 4=Mostly false 5=Definitely false
			11d	gh5	1=Definitely true 2=Mostly true 3=Don't know 4=Mostly false 5=Definitely false

## STARS PA Log - Week 1

Please check all activities that you participated in on the specified day and write the duration

**Day 1:** \_\_\_\_\_ CSA time on: \_\_\_\_:\_\_\_\_ AM/PM  
CSA time off: \_\_\_\_:\_\_\_\_ AM/PM

**Activity**  
Lifting weights  
Heavy household chores  
(vacuuming, sweeping, mopping)  
Mowing the lawn

**Duration** \_\_\_\_\_ :\_\_\_\_\_

**Day 4:** \_\_\_\_\_ CSA time on: \_\_\_\_:\_\_\_\_ AM/PM  
CSA time off: \_\_\_\_:\_\_\_\_ AM/PM

**Activity**  
Lifting weights  
Heavy household chores  
(vacuuming, sweeping, mopping)  
Mowing the lawn

**Duration** \_\_\_\_\_ :\_\_\_\_\_

**Day 2:** \_\_\_\_\_ CSA time on: \_\_\_\_:\_\_\_\_ AM/PM  
CSA time off: \_\_\_\_:\_\_\_\_ AM/PM

**Activity**  
Lifting weights  
Heavy household chores  
(vacuuming, sweeping, mopping)  
Mowing the lawn

**Duration** \_\_\_\_\_ :\_\_\_\_\_

**Day 5:** \_\_\_\_\_ CSA time on: \_\_\_\_:\_\_\_\_ AM/PM  
CSA time off: \_\_\_\_:\_\_\_\_ AM/PM

**Activity**  
Lifting weights  
Heavy household chores  
(vacuuming, sweeping, mopping)  
Mowing the lawn

**Duration** \_\_\_\_\_ :\_\_\_\_\_

**Day 3:** \_\_\_\_\_ CSA time on: \_\_\_\_:\_\_\_\_ AM/PM  
CSA time off: \_\_\_\_:\_\_\_\_ AM/PM

**Activity**  
Lifting weights  
Heavy household chores  
(vacuuming, sweeping, mopping)  
Mowing the lawn

**Duration** \_\_\_\_\_ :\_\_\_\_\_

**Day 6:** \_\_\_\_\_ CSA time on: \_\_\_\_:\_\_\_\_ AM/PM  
CSA time off: \_\_\_\_:\_\_\_\_ AM/PM

**Activity**  
Lifting weights  
Heavy household chores  
(vacuuming, sweeping, mopping)  
Mowing the lawn

**Duration** \_\_\_\_\_ :\_\_\_\_\_

**Day 7:** \_\_\_\_\_ CSA time on: \_\_\_\_:\_\_\_\_ AM/PM  
CSA time off: \_\_\_\_:\_\_\_\_ AM/PM

**Activity**  
Lifting weights  
Heavy household chores  
(vacuuming, sweeping, mopping)  
Mowing the lawn

**Duration** \_\_\_\_\_ :\_\_\_\_\_

## STARS PA Log-Week 1

## **Appendix 5**

### **Standard Operating Procedures**

**QUASI-PROSPECTIVE STUDY OF BREAST CANCER AND DIET  
PALMETTO WOMEN'S HEALTH STUDY (PWHS)  
UNIVERSITY OF SOUTH CAROLINA  
DEPARTMENT OF EPIDEMIOLOGY AND BIOSTATISTICS**

**Title: Greeting patients for name release consent**

**Page 1 of 2**

**SOP# 1      Date written 5/28/01   Date approved      Date revised**

**Written by: Swann Adams, Project Manager**

**Responsibility of: Graduate assistants/project personnel**

**\*Note: as of 8/6/01 this will be responsibility of the clinic staff**

**Purpose:**

**To delineate the process for obtaining name release consent for patients at the Baptist campus**

**Procedure:**

1. If you are the first greeter of the day, obtain a schedule of screening mammograms for the day from clinic receptionist. Set up table located adjacent to the screening waiting room with PWHS brochures, blank name release consents, and name release log.
2. Patients will first check in with the receptionist across the hallway from the screening patient's waiting room. They will be told by staff to stop at the PWHS table.
3. As patient approaches ensure that patient is here for a mammogram. Those patients who are being lead by clinic staff are being seen for a diagnostic work-up and will not be approached.
4. If patient is awaiting a mammogram, proceed through the greeter script (see Appendix I).
5. Answer any questions the patient might have.
6. Ask patient to same name release consent and indicate "yes" or "no" for contact.
7. Thank the patient for their help.
8. If patient indicated "yes", check off name on schedule and write "signed" next to their name. Write patient's name on name release log. If patient indicated "no", write and circle "R" next to their name on the schedule and indicate 1 refusal in the margin of the name release log (see Appendix II). **Do not record name on the enrollment log.**

9. At approximately 2:45 (if you are the greeter for that shift), check with Terri Harris the call back nurse to verify if any call backs have been scheduled. Obtain the list from Ms. Harris and verify that patients signed the name release consent from the log. If patient refused name release, black out name on the list.
10. Fax list of call-backs to SPH at 777-2524, attention "Swann Adams/PWHS".
11. After last appointment has checked-in, clear the table, push table and chairs against the wall, and place study documents in the bottom drawer on the left hand side under the fax machine in Terri Harris' office.

**Refer to (other SOP's):** \_\_\_\_\_

**Implementation:** \_\_\_\_\_

**Authorized Approval Signature:** \_\_\_\_\_

**APPENDIX I**  
**NAME RELEASE SCRIPT**

Good morning/afternoon. Are you here for a mammogram? (If yes proceed)

My name is \_\_\_\_\_ and I am from the University of South Carolina. We are here in the clinic to promote research into women's health and women's breast health. We are asking women to consider signing this form that would allow us to contact you in the event a research study came available for which you were eligible. This in no way obligates you to participate in the study if you are called, but is a way for us to know that you would not mind receiving a call or letter. Please sign your name, date the form, and indicate "yes" if we may contact you or "no" if you would rather not receive any contact.

Thank you for your help.

## **Name Released for Research (cont'd)**

## **Appendix II**

### **Name Release Log**

## **Name Released for Research**

<b>Date</b>	<b>Name</b>
5/18/01	Jane Doe

**QUASI-PROSPECTIVE STUDY OF BREAST CANCER AND DIET  
PALMETTO WOMEN'S HEALTH STUDY (PWHS)  
UNIVERSITY OF SOUTH CAROLINA  
DEPARTMENT OF EPIDEMIOLOGY AND BIOSTATISTICS**

**Title: Contact for participation in study** **Page 1 of 2**

**SOP# 2** **Date written 5/28/01** **Date approved \_\_\_\_\_** **Date revised 8/1/01**

**Written by: Project Manager**

**Responsibility of: Graduate Assistants/project personnel**

**Purpose:**

**To delineate the procedure for recruiting patients into the study.**

**Procedure:**

1. The call back lists for both the Richland and Baptist campuses will be faxed to the project manager's attention at Epi/Bios office (Fax # 777-2524).
2. Obtain the call-back lists for both campuses from the fax machine located in Lib Mont's office or from the project manager's mailbox. Also check the call-back database for patients who have not yet been contacted from previous days. If necessary contact Terri Harris (296-5072) or Janet Carrero (434-3715) for any follow-up.
3. For the Baptist call-back list, confirm those names which were released for research from the name release database (name-NRdates). Those names received from Richland will have already been confirmed by Janet Carrero. For each confirmed patient, add the name and contact information into the call-back database (name- calldatabase) as shown in Appendix III. For those patients who were scheduled for work-up the same day (essentially, we were not able to contact them in time), type "scheduled same day" in the 'initial call' column (Appendix III).
4. Contact confirmed patients, follow-up patients (those who were confirmed on previous days, but have just now been scheduled for diagnostic appt), and re-assigned patients (those confirmed from previous days, but have been unavailable to contact- diagnostic appt has already been scheduled) using the appropriate call back script (Appendix IV). **UNDER NO CIRCUMSTANCES SHOULD A PATIENT BE CONTACTED BEFORE A DIAGNOSTIC APPOINTMENT HAS BEEN SCHEDULED BY THE BREAST CLINIC.** *Those names received from Baptist will have an appointment time written next to their name if they have been contacted. Those names received from Richland will have already been contacted and scheduled for an appointment.*

PWHS SOP

5. If patients cannot be contacted, Richland patients may be re-assigned to attempt contact; Baptist patients will not be re-scheduled unless diagnostic appointment **is not** scheduled for the next day. These patients will be indicated by comments in the 'initial call' column (Appendix III).
6. For those patients who are contacted and agree to participate:  
Schedule patient appointment. Record scheduled appointment in the call back database (Appendix III) and notify project manager of appointment (patient name, time, campus) via e-mail. Project manager will place appointment on the calendar and assign staff to appointment.
7. Additionally, for those participants where time will allow for the survey to be mailed (minimum 5 days until breast appointment), assign a day for a follow-up call to be made (generally five days from mail-out).
8. Print and complete a tracking form (Appendix V) for each participant scheduled for an appointment. Place form in the scheduled box.

Refer to (other SOP's):\_\_\_\_\_

Implementation:\_\_\_\_\_

Authorized Approval Signature:\_\_\_\_\_

## Appendix IV

## Script for Immediate Call Back (Baptist Campus)

Hi, could I please speak to \_\_\_\_\_ Subject name . [If subject is available use the following script, or if not, use script (2)].

My name is   Your name  . At your last mammogram, you had indicated that you would not mind being contacted about your participation in research studies. I am calling on behalf of the Palmetto Women's Health Study. The findings from this study could help women with decisions about their health in the future. This study is a collaborative effort between the University of South Carolina and the Palmetto Baptist Hospital. Our research group at the Norman J. Arnold School of Public Health, in participation with your Doctor from your mammography appointment, is interested studying how lifestyle choices affect women's health.

Dr. Subject's doctor has informed us that you will be returning to the mammography clinic for a follow-up visit in 1 to 2 days and that you are eligible to join our Study. If you agree to be in this study, we would share information with you on your particular health habits (such as your diet and physical activity habits). Do you have a few minutes so I can tell you more about this study?

[If yes, proceed with description of study]

[If No, continue:] Is there a better time to discuss this study with you further?

[If yes, schedule second recruitment call] **PLEASE RECORD CALL ON CALENDAR**

[If No, end the call by saying:] Thank you for your time and have a nice day.

### **Description of Study:**

The study consists of two parts. First, you will be asked to schedule an appointment some time before your regular clinic appointment to complete a survey that asks questions about your medical history, eating habits, and physical activity. After you have completed the survey, we will need to collect a urine sample from you. We will also be collecting cheek cells, by using a mouthwash, as well as taking some measurements like height, weight, abdominal circumference, and percent body fat. We estimate that this entire appointment will take approximately 1 hour 45 minutes.

For the second part of the study, we will also give you a second, shorter questionnaire to be completed in your own time. We will give this to you before you leave your scheduled appointment and will provide a self-addressed, stamped envelop for you to return the packet as soon as you complete it.

In return for your participation, we will provide you with a complimentary profile of several of your health habits (dietary, physical activity, and weight status). Additionally, we will inform you of the results from this study once it has been completed.

The only way we can learn more about the effect of lifestyle choices on women's health is with your participation. This is your chance to share your experiences in order to improve the lives of other women. Do you have any questions about the study?

Are you interested in participating in the study?

[If yes, proceed with appointment scheduling.]]

[If No, end the call by saying:] Thank you for your time and have a nice day.

**Appointment scheduling:**

We can schedule your study appointment for 1 ½ hrs anytime at your convenience, although some women prefer to come in before their regular clinic appointment. Alternatively, you could stop by the clinic, pick up the questionnaire, complete it at home, and bring it back for your study appointment, which would then only take 30 minutes.

Would you prefer to pick up the questionnaire or to complete it here at the clinic?

When will be the best time to schedule your appointment?

**RECORD APPOINTMENT ON CALENDAR**

The appointment will be in the same clinic where you will be coming for your work-up. A staff member will meet you in the lobby.

We are going to be taking body fat measurements so we would like to ask you not to exercise or sit in a sauna within 8 hours of your appointment. In order for the measurements to be accurate, we also need you to refrain from alcohol for 12 hours prior to your appointment.

Do you have any questions at this time?

On behalf of the entire Palmetto Women's Health Study research staff I would like to thank you for participating in this study. Have a nice afternoon.

**Script (2):**

My name is   Your name  . I am calling on behalf of the Palmetto Women's Health Study at the University of South Carolina. Does   Patient's name   live at this address?

[If yes, ask] Could you tell me when is a good time to reach them at home?

[If not, ask:] Do you know how we can contact this person at an alternative phone number?

[If not, thank the person and end the call by saying:] That is all the information I need.

Thank you very much for your help.

### **Palmetto Women's Health Study Initial Call Script**

Hi, could I please speak to   Subject name  . [If subject is available use the following script, or if not, use script (2)].

My name is   Your name  . At your last mammogram, you had indicated that you would not mind being contacted about your participation in research studies. I am calling on behalf of the Palmetto Women's Health Study. This study is a collaborative effort between the University of South Carolina and the Palmetto Health Alliance. Our research group at the Norman J. Arnold School of Public Health, in participation with your Doctor from your mammography appointment, is interested in studying how lifestyle choices affect women's health. If you agree to be in this study, we would share information with you on your particular health habits (such as your diet) and the findings from this study could help women with decisions about their health in the future.

Dr. Subject's doctor has informed us that you will be returning to the mammography clinic for a follow-up visit, and that you are eligible to join our Study. Do you have a few minutes so I can tell you more about this study?

[If yes, proceed with description of study]

[If No, continue:] Is there a better time to discuss this study with you further?

[If yes, schedule second recruitment call]

[If No, end the call by saying:] Thank you for your time and have a nice day.

**Description of Study:**

The study consists of two parts. First, you will be asked to complete a survey that asks questions about your medical history, eating habits, and physical activity. The survey will be sent to you in the mail and generally takes about an hour and 15 minutes to complete. You will have around a week and a half to complete the survey and can complete the survey in parts if you do not have the time to complete it in one sitting.

For the second part of the study, you will be asked to come to Richland Memorial Hospital for a clinic visit. This clinic visit should only take about 15 to 30 minutes and can be scheduled anytime at your convenience. Many women have found it convenient to schedule this appointment just prior to their mammogram appointment. At the clinic visit, we will collect your completed survey, measure your height and weight, collect a urine sample, and collect cells lining the inside of your mouth by a simple mouth rinsing. At this appointment we will also give you a second, shorter questionnaire to be completed in your own time. We will provide a self-addressed, stamped envelop for you to return the packet as soon as you complete it.

In return for your participation, we will provide you with a complimentary profile of several of your health habits (dietary, physical activity, and weight status). Additionally, we will inform you of the results from this study once it has been completed.

The only way we can learn more about women's health is with your participation. This is your chance to share your experiences in order to improve the lives of other women. Do you have any questions about the study?

Are you interested in participating in the study?

[If yes, proceed with information verification]

[If No, end the call by saying:] Thank you for your time and have a nice day.

**Information Verification:**

We will need your address to mail you a survey. Could you please tell me the address you would like us to send the survey to? [Record the participant's address]

In the next week, you should expect another call from someone in our research group to verify that you received the survey and to schedule an appointment for your clinical visit. Do you have any questions at this time?

On behalf of the entire Palmetto Women's Health Study research staff I would like to thank you for participating in this study. Have a nice afternoon.

**Script (2):**

My name is \_\_\_\_\_Your name\_\_\_\_\_. I am calling on behalf of the Palmetto Women's Health Study at the University of South Carolina. Does \_\_\_\_\_Patient's name\_\_\_\_\_ live at this address?

[If yes, ask] Could you tell me when is a good time to reach them at home?

[If not, ask:] Do you know how we can contact this person at an alternative phone number?

[If not, thank the person and end the call by saying:] That is all the information I need.

Thank you very much for your help.

## Appendix VII

### Palmetto Women's Health Study- Follow up Call Script

I. Hi, could I speak to Subject name. (If the subject is not available go to PAGE 3.)

My name is Your name. I am calling on behalf the Palmetto Women's Health Study, a collaborative effort between the University of South Carolina and the Palmetto Health Alliance. In our conversation last week you agreed to participate in the study and we mailed you the study questionnaire.

Have you received the questionnaire? (If **yes**, proceed to II).

***If not, ask the following:***

***a. Are you still interested in participating in the study?***

***If yes, go to b.***

***If no, ask the following:*** (i) *Can you tell me why you don't want to participate? Is there anything we can do to make it easier for you to participate? (Note the comments. Then thank the subject and end the conversation.)*

***b. Can you verify your address for me so that we can send another questionnaire to you.)***

II. Have you had a chance to look through the questionnaire?

***If response is no:***

As you complete the survey, if you have any questions please feel free to contact a member of our staff at 434-1635.

**If response is yes:**

Did you have any difficulty with any part of the questionnaire?

**If yes**, ask the following: *Is there anything we can clarify for you?*

III. As we mentioned to you in our previous call, as part of the study we would like to collect a urine sample, cheek cells, by using a mouthwash, and some body measurements like height, weight, abdominal circumference, and percent body fat. We need to do this at our clinic, based at 15 Medical Park in the Richland Hospital campus. The visit will take about 30 minutes. We are available at your convenience, although some women find it easier to come in just before their mammography visit. When is the best time for you to come for this? **(Be sure to record clinic visit on the calendar)**

*We are located at 15 Medical Park, just up Harden street from the mammography clinic. We are the building next to the CVS at the corner of Bull St. and Harden St. The front of building says 15 Medical Park. Go up to the 3<sup>rd</sup> floor and someone will meet you in the lobby.*

We are going to be taking body fat measurements, so we would like to ask you not to exercise or sit in a sauna within 8 hours of your appointment. .

In order for the measurements to be accurate, we also need you to refrain from alcohol for 12 hours prior to your appointment.

Please do bring the completed questionnaire with you when you come to our clinic. We will also be giving you the second packet of the questionnaire for you to fill out on your own and mail back to us.

Do you have any questions to ask at this time?

Thank you for your time and for participating in the study. Have a nice day/evening.

**If subject is not available, use the following script:**

My name is \_\_\_\_\_ Your name . I am calling on behalf the Palmetto Women's Health Study at the University of South Carolina. \_\_\_\_\_ Subject name \_\_\_\_\_ had indicated that she would like to participate in our study. Could you tell me when is the best time to reach her at home? If she would like to contact us, please have her call,.....### - #####. {please edit as you see fit}  
Thank you for you help.

**QUASI-PROSPECTIVE STUDY OF BREAST CANCER AND DIET  
PALMETTO WOMEN'S HEALTH STUDY (PWHS)  
UNIVERSITY OF SOUTH CAROLINA  
DEPARTMENT OF EPIDEMIOLOGY AND BIOSTATISTICS**

**Title: Survey distribution**

**Page 1 of 2**

**SOP# 3      Date written 5/28/01      Date approved \_\_\_\_\_ Date revised 8/1/01**

**Written by: Swann Adams, Project Manager**

**Responsibility of: Graduate Assistants/Project Personnel**

**Purpose:**

**To delineate the process for mailing out and/or distributing questionnaires**

**Procedure:**

1. Obtain all newly scheduled appointments from the "scheduled" box (completed tracking form). Assign a patient ID (beginning with "1" for Baptist patients and "2" for Richland patients) by adding name to enrollment log of the appropriate campus (see Appendix VI). Print out complete survey with patient ID# entered. Survey consists of Instructions, Demographics, FFQ, Physical Activity1, SASDWT1, and Personal Reactions Inventory. Also print out a clinical meeting form with ID entered on each page.
2. Surveys are to be printed in print manager of Teleform with patient ID# as the page linker. Staple each packet together separately and paper clip to the tracking form. Be sure to include a business response envelope as well. Place the tracking form, survey, and envelope in the "Scheduled" box.
3. When time allows (minimum 5 days) surveys will be sent to the participant prior to the scheduled appt. Address an envelope to the recipient and place Packet 1, Packet 2, the instructions, a consent form, and the greeting letter (see Appendix VI) in the envelope. Seal the envelope and place aside. Indicate that a survey has been mailed out in the comments column of the calldatabase (include date as well) and also on the tracking form.
4. Once all surveys have been addressed, place a bar code label on a blank sheet of paper and place on top of the envelopes to be mailed out. Place a rubber band around all the envelopes and blank sheet. The packet can then be left in the departmental mailbox located just inside the Epi/Bios office (Rm 205) on the right hand cabinet. Place the tracking form and clinical meeting form in the scheduled box.

**Refer to (other SOP's):**\_\_\_\_\_

**Implementation:**\_\_\_\_\_

**Authorized Approval Signature:**\_\_\_\_\_

**QUASI-PROSPECTIVE STUDY OF BREAST CANCER AND DIET  
PALMETTO WOMEN'S HEALTH STUDY (PWHS)  
UNIVERSITY OF SOUTH CAROLINA  
DEPARTMENT OF EPIDEMIOLOGY AND BIOSTATISTICS**

**Title: Patient 2<sup>nd</sup> Call Back**

**Page 1 of 1**

**SOP# 4 Date written 5/28/01 Date approved \_\_\_\_\_ Date revised 8/1/01**

**Written by: Swann Adams, Project Manager**

**Responsibility of: Graduate Assistants/Project Personnel**

**Purpose:**

**To delineate the process by which a 2<sup>nd</sup> call back is initiated for study participants (where applicable).**

**Procedure:**

**NOTE: Follow-up calls will only be made for those patients**

1. Check for follow-up calls from the calldatabase. The date for the call will be indicated in the 'Follow-up call' column.
2. Attempt to contact all participants to confirm receipt of survey and to remind them of the clinic appointment. Use the Follow-up script (see Appendix VII).
3. If contact is made, indicate with a "Y" in the 'completed' column of the calldatabase.
4. For those patients who are not reached, do not record anything in the 'completed' column.
5. Once the date for a patient appointment has already past, type 'no answer' in the 'completed' column of the calldatabase.

**Refer to (other SOP's):\_\_\_\_\_**

**Implementation:\_\_\_\_\_**

**Authorized Approval Signature:\_\_\_\_\_**

**QUASI-PROSPECTIVE STUDY OF BREAST CANCER AND DIET  
PALMETTO WOMEN'S HEALTH STUDY (PWHS)  
UNIVERSITY OF SOUTH CAROLINA  
DEPARTMENT OF EPIDEMIOLOGY AND BIOSTATISTICS**

**Title: Patient appointment scheduling**

**Page 1 of 1**

**SOP# 5      Date written 5/28/01 Date approved \_\_\_\_\_ Date revised 8/1/01**

**Written by: Swann Adams, Project Manager**

**Responsibility of: Project Manager/Designee**

**Purpose:**

**To delineate the procedure for staff to patient appointments**

**Procedure:**

1. Contacted patients from the previous day will be e-mailed to the project manager.
2. The project manager will place appointment on the calendar and will assign a staff member to appointment. The calendar can be found on-line at the following address: <http://calendar.yahoo.com>. Username: quasiusc; Password: same as server password.
3. Assignments will be based upon availability of staff as determined by class schedule and personal needs. The project manager may find it easier to schedule staff members for specific days on a "as needed" basis.
4. Each staff member will be responsible for checking the calendar for their patient appointments.

**Refer to (other SOP's):\_\_\_\_\_**

**Implementation:\_\_\_\_\_**

**Authorized Approval Signature:\_\_\_\_\_**

**QUASI-PROSPECTIVE STUDY OF BREAST CANCER AND DIET  
PALMETTO WOMEN'S HEALTH STUDY (PWHS)  
UNIVERSITY OF SOUTH CAROLINA  
DEPARTMENT OF EPIDEMIOLOGY AND BIOSTATISTICS**

**Title: Clinic appointment**

**Page 1 of 1**

**SOP# 6      Date written 5/28/01 Date approved \_\_\_\_\_ Date revised 8/1/01**

**Written by: Swann Adams, Project Manager**

**Responsibility of: Graduate Assistants/Project Personnel**

**Purpose:**

**To define a process for the clinic appointment**

**Procedure:**

1. Obtain tracking form/survey/clinical meeting form from the "Scheduled" box.
2. The clinical protocol manual has complete instructions on the clinical appointment.
3. At the conclusion of the appointment, thank the patient for their help.
4. Process the samples as appropriate using procedures from the clinical protocol. Samples taken at the Baptist campus can be placed on ice in the cooler. These samples must be taken to 15 MP and processed within 4 hours.
5. Completed forms must be taken to SPH and placed in the "Scan" box.

**Refer to (other SOP's):\_\_\_\_\_**

**Implementation:\_\_\_\_\_**

**Authorized Approval Signature:\_\_\_\_\_**

# **Clinical Protocol**

## INTRODUCTION

The period of large increases in breast cancer rates has coincided with a period of rapid changes in the lives of women, including major changes in patterns of preparing and eating food. The role of diet, a centerpiece of primary prevention efforts initiated by many governmental agencies, private research, and advocacy groups remains equivocal. Dietary factors may exert powerful influences on physiologic processes leading to cancer, but self-reports of dietary behavior are susceptible to a variety of measurement biases.

The proposed quasi-prospective study design provides a means for measuring diet, adult weight history, and physical activity before yet another potential biaser of self-report emerges; the knowledge of breast cancer status. A total of about 13,000 women will be screened using routine mammography in the Breast Care Center at the Palmetto Richland Memorial Hospital Campus of the Palmetto Health Alliance/South Carolina Cancer Center (BCC) over the 48-month recruitment period. Of these, about 5,400 will have confirmation by biopsy and about 20% of these will have a histologically confirmed breast cancer. We project that 60%, or 3,240 women, will be willing to participate, of whom one-fifth (n=648) will have primary breast cancer. Controls, confirmed to be free of the disease and any condition thought to be associated with increased risk, will be matched on age ( $\pm 3$  years) and pre-visit evidence (e.g., size and other characteristics of the mass from screening mammography).

The primary goal of the proposed research is to investigate the role of diet and adult weight gain, with historical levels of activity being obtained to “characterize prior

activity" to use as an adjustment for confounding in the etiology of breast cancer. The secondary goal of the research will be to assemble cohorts of disease-free, high-risk women and breast cancer patients to: 1. establish breast cancer risk factors in women at high risk because of either a family history of the disease or presence of a precancerous lesion (i.e., women determined not to have breast cancer at the time of enrollment); and 2. delineate lifestyle, psychosocial and/or treatment factors that might affect prognosis in women with a histologically confirmed cancer of the breast, as done previously.

Results of the proposed study could:

- 1) Help us to better understand the effects of diet on the development of breast cancer.
- 2) Help refine dietary recommendations for the primary prevention of breast cancer.

## PILOT TEST

Proposed Start date: November 1<sup>st</sup> 2000.

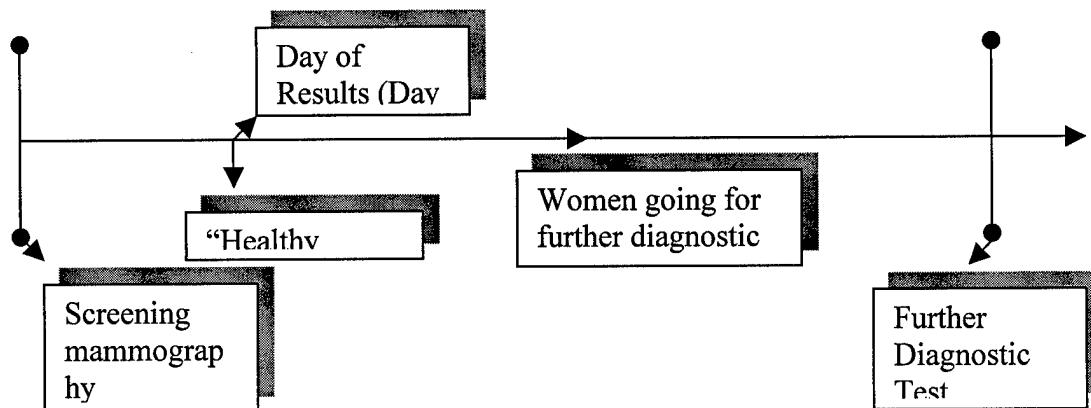
Sample size: 20

Objective of Pilot test: To check if the scheme of events (see Fig.1) planned in the clinical protocol is working.

The pilot testing will be carried out on lines similar to the actual study protocol. This will allow us to check and rectify possible loopholes or inconsistencies in the procedures to be carried out during the actual study.

The participants in the pilot test will be asked to complete an exit questionnaire to get their feedback about the entire process.

## QUASI-PROSPECTIVE STUDY OF BREAST CANCER AND DIET



**Figure 1. Scheme of events before clinical meeting**

Proposed Start Date: January 1, 2001

Where: 15 Medical Park, Richland Memorial Hospital

Comprehensive Breast Center, Baptist Hospital

**Day before the clinical meeting:** In cases where the schedule allows, a telephone call will be made to study participants to confirm their appointment and answer questions about materials mailed to them (questionnaires if applicable). NOTE: For those patients who are scheduled for a work-up within 1 day of the reading of the screening mammogram, questionnaires will not be sent to the patient, but given out at the clinical meeting.

**Day of the clinical meeting:**

- Study personnel greet participants upon arrival.
- During the visit, the informed consent will be reviewed with the participant by study personnel in order to ensure understanding of the consent process and to answer any questions the participant may have. If the participant agrees to sign (with witness), study personnel will provide them with an additional copy of the consent form.
- Physical measurements (i.e., height, weight, circumferences, and BIA) will be made and recorded on the clinic visit tracking form. See anthropometric protocols for specific instructions on these measurements.
- A buccal cell sample will be collected after the questionnaires have been reviewed.
- The participant will be asked to provide a urine sample. If she is able to do so at that time, a urine collection cup, a plastic bag and a paper bag will be provided to her. Verbal instructions will be given and she will be escorted to the ladies room.

If she is not able to pass urine she will be asked to drink a glass or two of water and she can collect the sample anytime during the course of the visit.

- While the patient is obtaining the urine sample, study staff will review questionnaires (when applicable) in order to identify questionnaire completeness and potential problem areas on the forms. Staff will also ask participants if they had particular questions about how to complete certain sections of the forms.

Revisions of the data on the forms will be made as necessary.

- The clinic visit tracking form will be completed with respect to body measurements and sample collection information (e.g., time, date).
- Where applicable, remind study participants to return the questionnaire as soon as possible in the self addressed envelop provided. Remind participants that they may call the number listed in the consent form if they have any questions.
- Thank each participant for her time and valuable contribution to the study.

## **PERSONNEL AT THE SITE**

**How Many:** 1 at each site (Richland and Baptist)

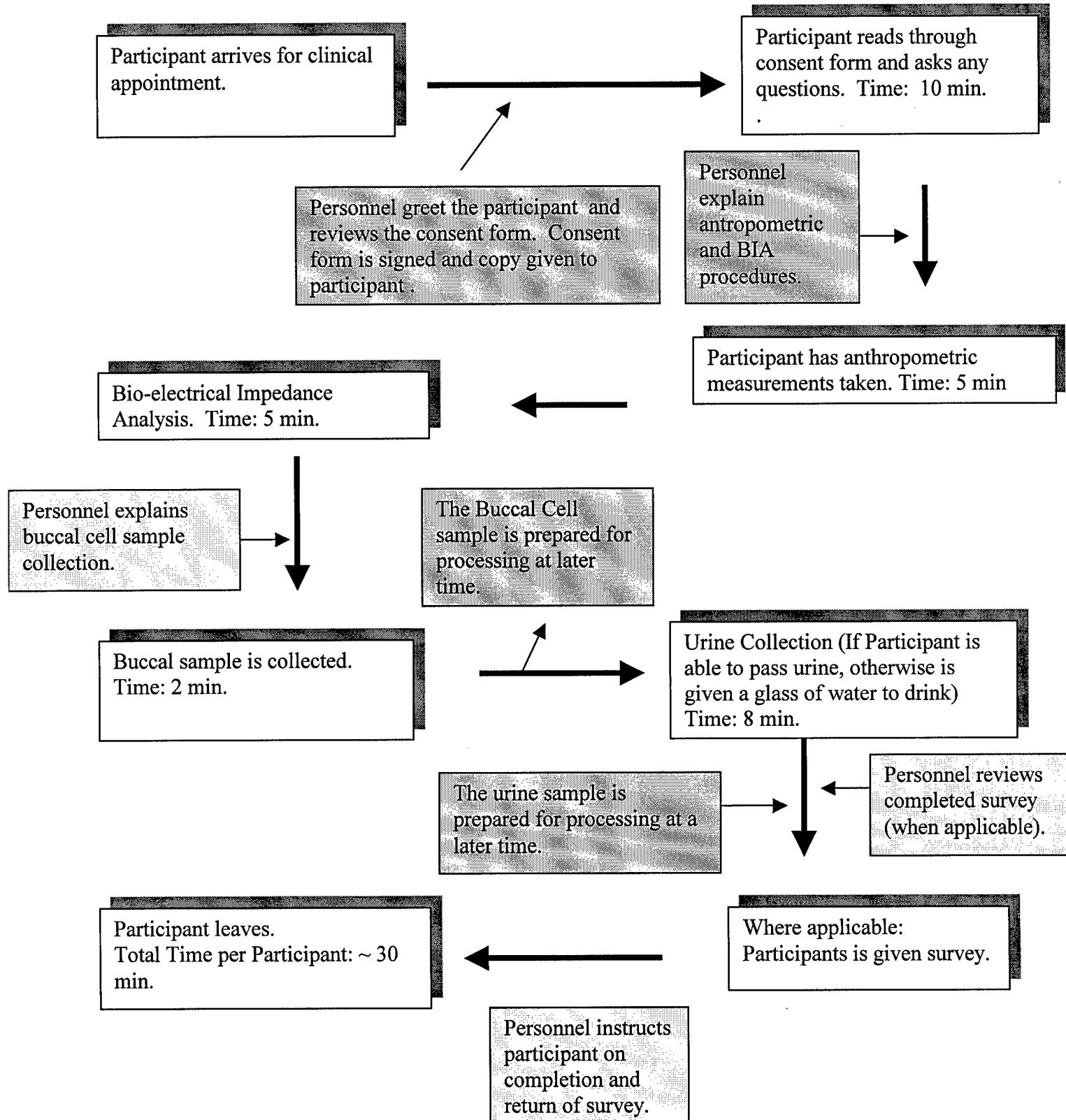
**Before the Start of the Day:**

1. Personnel should check the appointments for the day.
2. The personnel should ensure that the urine collection kit, Buccal collection kit, Anthropometric scales, and BIA instruments and kit are in sufficient number.
3. They should label the Urine collection cup and Buccal collection cup with the participants initials and study number.
4. Make sure that the weight scale is properly balanced when set to zero point.
5. The weight and height scales should be calibrated weekly.
6. Make sure that the refrigerator and the centrifuge machine is working.

**On the Day of The Clinical Visit:**

1. Personnel greet the participant on arrival.
2. The personnel will be responsible for collection and storage of the urine sample, buccal cell sample, and taking anthropometric and BIA measurements.

## TIMELINE OF EVENTS AT THE CLINICAL MEETING



## ANTHROPOMETRIC MEASUREMENT PROTOCOL

This section contains the standardized procedures for the anthropometric measurements (height, weight, and the abdominal, waist, and hip circumferences).

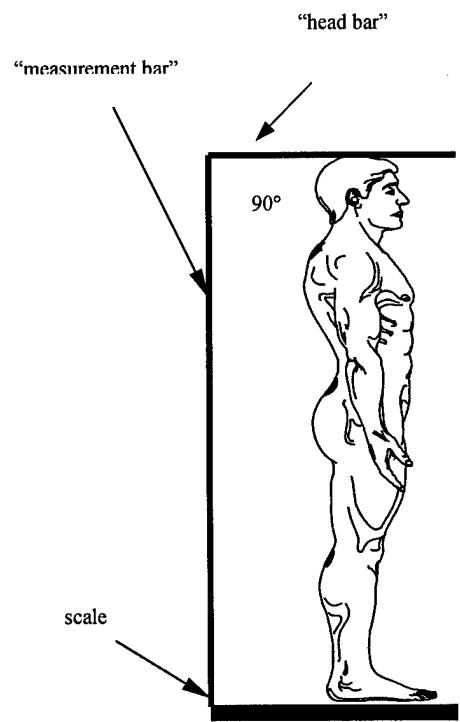
### Instruments and Supply:

1. Scale for measuring height in feet and inches. (Qty.: 2)
2. Weighing scale with units in pounds (Qty.: 2)
3. Measuring tape (Gulick II tape measure) with units in centimeters. (Qty.: 2)

In order to approximate, as closely as possible, the participant's size and weight without clothes, all measures should be made without shoes and without extra clothing, such as sweaters, jackets, or coats.

### Height

- Raise the height "measurement bar", extend the "head bar", and have participant step up on the scale facing out into the room
- They should be standing up straight, be looking directly ahead, and have her arms resting comfortably by their side
- To make the measurement, have the participant stand up straight, take a breath and exhale, and then, using two hands, lower the measurement bar down until the head bar rests on the crown of the head.
- The "head bar" should be at a 90° angle to the "measurement bar"
- Have the participant step down off the scale
- View the participant's height at the READ arrow on the measurement bar"



## Body Weight

- Before taking individual measurements, be sure the scale(s) properly zeros when the “on” button is pushed. Also be sure that the scale is set to measure in pounds.
- To make a measurement, have the participant step up onto scale. Scale must read “0.0” before the participant steps onto the scale, otherwise the scale will register an error with a blinking display.
- **Record the weight in pounds, to the nearest 0.1 pound**

## Circumference Measures

For all measures, be sure that the measuring tape is level (perpendicular to the ground), not twisted, and is pulled firmly around the participant.

Take all of the measures in order (waist, abdomen, and hip) and record the values after each measurement. Repeat the measures at each site, again, in order. If two measures differ by more than 2 cm, repeat the measurement of that site a third and final time.

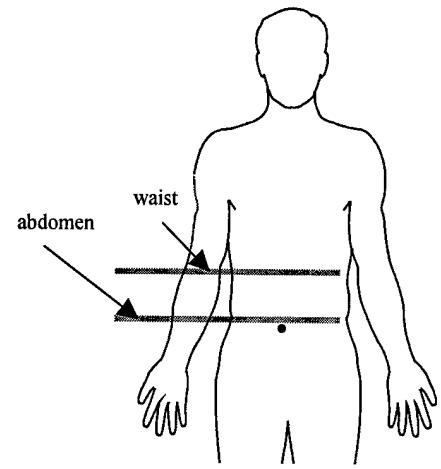
Please record all measures taken (i.e., 2-3 per site).

*To obtain measurements while holding a constant tension on the measuring tape, use the Gulick II tape measure. That is, when making a circumference reading, hold the cylinder end of the tape and pulling the tape tight across the participant. Be sure that the measurement is read from where the 0 mark at the beginning crosses the end of the tape.*

**Record the circumferences in centimeters (cm); to the nearest 0.1 cm.** Participant's with circumferences greater than 150 cm (~ 60 inches) should be measured using a standard tape measure.

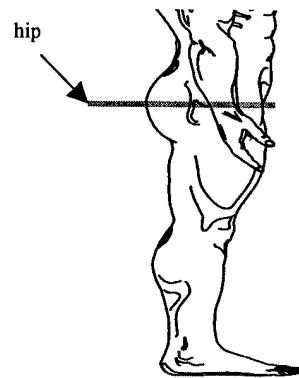
## WAIST

- Face the participant; locate **the narrowest part of the torso** (or a site between the lower rib and the crest of the hipbone). You will have to poke and prod to find the correct site.
- Once the site is located, place the measuring tape around the torso and pull it snug. Check that the tape is level, and make the measurement.



## ABDOMEN

- Have the participant point out her belly button. Lower the measuring tape to this spot, make sure the tape is level, and make the measurement **at the belly button**. If the location of the belly button is not at the greatest expansion of the participant's abdomen, take the measurement at that position.



## HIP

- Have the participant turn to the side.
- Make the measurement at the largest expansion of the rear end, making the tape is level

## **BIO-ELECTRICAL IMPEDANCE ANALYSIS PROTOCOL**

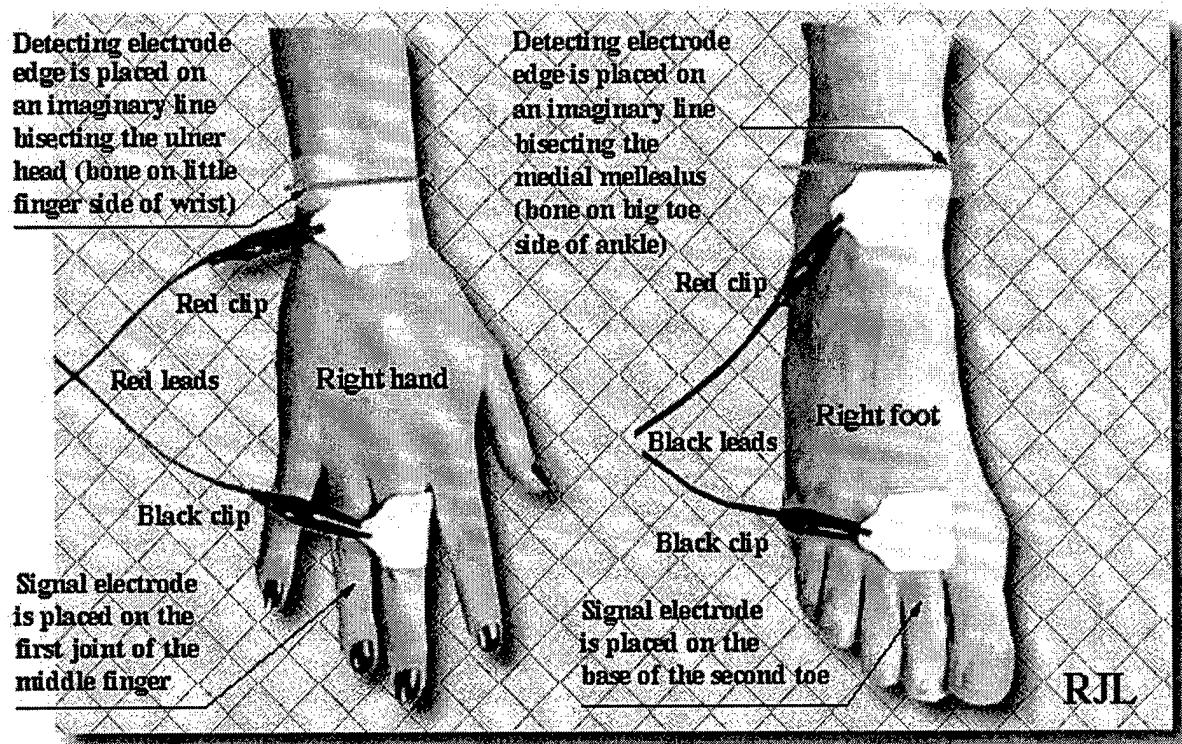
Body fat analyses the ability to measure and report percentage body fat and basal metabolic rate, is an integral part of any wellness program. Biodynamics Body Fat Analyzers measure and print percentage body fat, lean weight, fat weight, BMR, hydration status and target recommendations. This information is used to develop diet and exercise fitness programs to maintain and improve an individual's overall well being.

### **Instruments and Supply:**

1. Two detecting electrodes,
2. Two Signal Electrodes,
3. Two red leads with one red clip and one black clip.
4. Two black leads with one red clip and one black clip.

### **General Instructions**

- The exam area should be comfortable and free of drafts and portable electric heaters.
- The exam table surface must be non-conductive and large enough for the participant to lie supine (face upwards) with the arms 30 degrees from the body and legs not in contact with each other.
- The BIA - Quantum II analyzer battery should have a new 9-volt battery.
- The BIA - Quantum II analyzer and Spectrum battery should be fully charged.
- The analyzer calibration and patient cables should be checked regularly.



## PARTICIPANT PREPARATION

- The participant should not have exercised or taken a sauna within 8 hours of the study.
- The participant should refrain from alcohol intake for 12 hours prior to the study.
- The participant's height and weight should be accurately measured and recorded.
- The participant should lie quietly during the entire test.
- The participant should not be wet from sweat or urine.
- The participant should not have a fever or be in shock.
- The study and testing procedure should be explained to the participant and reassure the participant regarding the safety of the procedure.

## TESTING PROCEDURE

- The participant should remove the right shoe and sock (generally the study is completed on the right side of the body). The body side (left or right) should always be used subsequently.
- The participant should lie supine (face upwards) with the arms 30 degrees from the body and legs not touching and remove jewelry on the electrode side.
- If the electrodes cannot be placed on the right side because of fracture, wound, rashes or malformations the measurements should be made on the left side.
- Examine the site where the electrodes are to be placed.
- For the right hand the detecting electrode is placed on an imaginary line bisecting the ulnar head (bone on the little finger side of wrist) and a red lead with the red clip is attached to this electrode. The signal electrode is placed on the first joint of the middle finger and a red lead with the black clip is attached to this electrode.
- For the right foot the detecting electrode is placed on an imaginary line bisecting the medial malleolus (bone on the big toe side of ankle) and a black lead with the red clip is attached to this electrode. The signal electrode is placed on the base of the second toe and a black lead with the black clip is attached to this electrode.
- Tell the participant to refrain from any kind of movement.
- Turn the analyzer on and make sure the participant refrains from moving. When the measurements have stabilized, record the displayed Resistance (R) and Reactance (Xc) with the participant's age, height and weight.

- Remove and dispose of the electrodes, be careful not injure the participant's skin or contaminate the operator.
- The entire testing time is less than 5 minutes - the BIA analyzer is on for less than one minute.

**Operator/examiners must demonstrate the following level of proficiency:**

- Two consecutive measurements made on a single, stable participant must result in values within one percent.

**There have never been any reports of morbidity or mortality associated with the study.**

## **URINE PROTOCOL**

Collection: It may not be possible to always collect a fasting-morning urine sample. Participants seen in morning will be asked avoid eating any food or drinking liquids, except water, on the day of the visit. Study personnel will query how many hours since food was consumed.

The sample will be collected on the day of the clinical visit in a standard sterile collection cup. To prevent oxidation of labile products, 100 mg ascorbic acid will be added to each cup prior to the urine collection.

### **Supply**

1. Urine Collection cup.
2. 100 mg of Ascorbic Acid.
3. Plastic bags.
4. Paper bags.

### **Urine Collection**

- Label the container with the participants ID number, initials, and the date.
- Ask participant to provide a urine sample. If she is able to do so at that time, a urine collection cup, a plastic bag and a paper bag will be provided to her.
- Give instructions for urine collection. "Please fill to this line on cup" and mark on cup at 50 ml line.

- Escorted to the ladies room. If she is not able to pass urine she will be asked to drink a glass or two of water and she can collect the sample anytime during the course of the visit.
- Record date and time on the tracking form.
- Check container lid for tightness.
- Store sample in refrigerator or cooler (if at Baptist site) at 4 degrees C until the sample is processed. (Must be placed in a biohazard sample bag).

**PROCESSING SAMPLE (can be completed up to 5 hrs after collection).**

- Aliquot approximately 1.25 mLs into 4 orange-topped cyrovials.
- Place the cyrovials in a -70° C freezer for long-term storage.

## **BUCCAL PROTOCOL**

Buccal cells appropriate for determining genetic polymorphisms

### **Supply for Collection Kits:**

- 1.5 oz of mouth wash
- Sterile collection container. Make a mark with black pen on the side of container to indicate 10 ml.
- Freezer-resistant label with ID and name of the participant printed on it.
- Paper Towels.
- Plastic cup with water.

### **Directions for Mouthwash**

1. The participant should be asked not to eat or drink anything other than water till her buccal sample is taken.
2. Collect buccal cells after the BIA measurement
3. Write date, initials, and ID number on the collection container side (not on lid, as lid might be lost).
4. Pour 10 ml mouthwash into collection cup. Give cup to participant.
5. Instruct participant to swish the mouthwash around in her mouth vigorously for 60 seconds. (**This should be timed**). It is important that the participant

should not shorten the time she swishes the mouthwash, but there is no harm in doing it longer than 60 seconds.

6. Instruct participant to spit the mouthwash into the container. Replace the cover on the container tightly.

**PROCESSING THE SAMPLE (can be done up to 5 hours after collection)**

7. Mix specimen thoroughly by gently inverting the wide mouth collection, cup 4-6 times.
8. Using a 10ml. pipet, transfer the specimen into a 15mL, conical tube (large, blue-topped tube).
9. Centrifuge the specimen at 3750 rpm for 10 minutes. Once completed be careful not to jostle the tube. This will re-suspend the DNA
10. Discard the supernatent (liquid part of the tube) by decantation.
11. Resuspend the buccal cell pellet with 3.0 mL of 70% ethanol. Prepare 70% ethanol by adding 70 mL of ethanol to 30 mL depc water. Store excess ethanol and diluted solution at ambient temperature.
12. Using a 5 mL pipet, aliquot equal amounts of specimen into 4 blue-topped sterile cryovials.
13. Place the cxyovials in a -70° C freezer for long-term storage.

## **1. Clinical appointment Instructions**

- You should not exercise or take a sauna before 8 hours of the study.
- You should refrain from alcohol intake for 12 hours prior to the study.

**Appendix 6**  
**Approved Institutional Review Board Consent Form**



Review Date	Approval Begins	Approval Ends	IRB Number
April 26, 2001	April 26, 2001	April 25, 2002	#2000-69

DATE: April 26, 2001

TO: James R. Hebert, Sc.D., M.P.H.

FROM: Edward W. Catalano, M.D. *Edward Catalano*  
Chairman, Institutional Review Board (IRB)

SUBJECT: **Expedited Approval of Renewal: Protocol #2000-69. No subjects have been enrolled on this study locally to date. This minimal risk study qualifies for expedited review according to 46 CFR 46.110 (8)(b).**

On April 26, 2001, the Institutional Review Board approved your protocol and consent form entitled:

**PHA IRB #2000-69: Quasi-Prospective Study of Diet and Breast Cancer.**

**Approval is effective from April 26, 2001 until April 25, 2002.** Unless the IRB has waived the requirement for documentation of informed consent, attached is the IRB approved consent/assent document(s) to be used when enrolling subjects. [Note, this dated consent is to be used as a master to copy for all patient consents. Subjects can only be enrolled using consent/assent forms which have a valid "IRB Approval" stamp. A copy of the signed consent/assent form must be given to every study participant. A copy of the signed consent/assent form must be kept with your study records and in the patient's medical chart.] Prior to the end of this period, you will need to submit a copy of the institutional synopsis forms for renewal of the protocol, which must be completed and returned to the IRB at the Research Administration office, so that the protocol can be reviewed and approved for the next period.

In implementing the research activities, you are responsible for complying with IRB decisions, conditions and requirements. The research procedures should be implemented as approved in the IRB protocol. No changes in the protocol or consent may be made without prior IRB approval. Any significant deviations on proposed changes must be reported to the IRB. If your study uses an IND, all administered dosages are to be documented in the patients' chart. Storage and administration of the study drug are to be documented as being in accordance with FDA requirements.

Please refer to the Palmetto Health Alliance Investigator Brochure regarding investigator responsibilities with respect to the ethical use of human subjects in research. If you have questions or need additional information, please contact the Research Administration office at 434-2884. Please forward a copy of any publication(s) resulting from this research to the IRB, for their information.



IRB #2000-69

**INFORMED CONSENT TO PARTICIPATE IN RESEARCH**

**TITLE: QUASI-PROSPECTIVE STUDY OF BREAST CANCER AND DIET**

**PRINCIPAL INVESTIGATOR: James R. Hebert, Sc.D.**

**ADDRESS:** Department of Epidemiology and Biostatistics  
University of South Carolina  
School of Public Health  
Columbia, SC 29208  
Phone: 803.777.7666

**SUBJECT'S NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SPONSOR: United States Department of Defense**

**INVITATION TO TAKE PART AND INTRODUCTION:**

You are invited to volunteer for a research study. This form is designed to provide you with information about the study and to answer any questions that you may have. You have been asked to be in this study because you have recently been scheduled for a visit for diagnostic services at one of the hospitals within the Palmetto Health Alliance (Columbia, S.C.).

**PURPOSE OF THE RESEARCH:**

The main purpose of this study is to investigate the relationship between diet and physical activity levels and breast cancer risk. While much has been written about diet and breast cancer, results of research studies have produced inconsistent results in relating health related behaviors to breast cancer.

**YOUR RIGHTS: It is important for you to know that:**

- **YOUR PARTICIPATION IS ENTIRELY VOLUNTARY.**
- **YOU MAY DECIDE NOT TO TAKE PART OR DECIDE TO QUIT THE STUDY AT ANY TIME.**
- **YOU WILL BE TOLD ABOUT ANY NEW INFORMATION OR CHANGES IN THE STUDY THAT MIGHT AFFECT YOUR PARTICIPATION.**
- **THE QUALITY OF CARE YOU RECEIVE AT THE HEALTH CENTER WILL NOT BE AFFECTED IN ANY WAY IF YOU DECIDE NOT TO PARTICIPATE, OR IF YOU WITHDRAW FROM THE STUDY.**

**PROCEDURES:**

We have enclosed a questionnaire packet that contains questions about several topics such as your education, job, date of birth, and the age(s) of your children, if any. Additionally, we will ask you to indicate the types and amounts of foods you typically eat, as well as your body weight and

**IRB APPROVAL**



**IRB #2000-69**

physical activity levels throughout your life. This questionnaire packet will require up to 2 hours to complete. It consists of six different questionnaires ranging from 1 to 19 pages. We have selected questionnaires that have been used in other national studies and found to be acceptable to a wide range of individuals. Despite this, you are not required to answer questions that you do not feel comfortable answering.

In addition to completing the questionnaire packet, we will ask you to visit our office at the hospital for about 30 minutes in order to complete additional measurements. This office visit may be on the morning of your next appointment at the clinic, or it can be scheduled on another day prior to your diagnostic work-up.

During this visit, a blood sample will be drawn in the usual way, by inserting a needle into a vein in your arm to obtain 15cc of blood (about 3 teaspoons). This blood may be used to determine levels of the hormones (estrogens) or other blood constituents (insulin) that are thought to be important in modifying breast cancer risk. We will also collect a urine sample. This urine sample may be used to determine the levels of certain hormone types (estrogens) that are excreted from your body in your urine. We will measure your weight, height, the circumference of your hips and waist (with a tape measure), the thickness of the skin on your arm (with skinfold calipers), and your body composition (using bioelectrical impedance). For the bioelectrical impedance measurements, we will ask you to lie down for about 5 minutes. Research personnel will place two electrodes on your hand and two on your feet. There is no risk of electrical shock and you will not feel the measurement being made. In addition, we will collect a sample of your cheek cells by asking you to rinse your mouth and then spit the mouthwash into a collection vial. This sample may be used to identify characteristics that modify breast cancer risk. If, as a part of your medical care, you are scheduled for a diagnostic breast biopsy, we will obtain a small portion of the biopsy tissue for this research study. No extra breast tissue will be taken during the biopsy for the purposes of this research study, and the small amount donated for this research will not interfere in any way with your medical care. The biopsy material obtained for this research study may be used to determine enzyme levels that are important in regulating levels of female hormones (estrogens).

#### **ALTERNATIVES:**

You may choose to not take part in this study. If so, you would not have to do any of the things listed above that pertain to this research study. As a part of your medical care, you may still be asked to undergo a breast biopsy. Your decision not to take part in this study will not affect your medical care in any way.

#### **RISKS AND INCONVENIENCES:**

The only known risk associated with this study will be blood draws. Drawing blood may hurt temporarily and might leave a bruise where the blood was drawn. Occasionally a person may become dizzy or faint when blood is drawn and there is a small possibility of infection or temporary nerve damage. There is minimal risk or discomfort when we measure your weight, height, arm skin thickness, waist and hip circumferences, or body composition using bioelectrical impedance. There is minimal risk in answering any of the study questions, or in providing cheek cell or urine samples.

**IRB APPROVAL**



**IRB #2000-69**

All results obtained as part of this research will remain confidential. When we do the statistical analyses for the entire study we will not reveal your identity or the identity of anyone else in the study.

#### **COMPENSATION IN CASE OF INJURY:**

All forms of medical diagnosis, treatment and research, whether routine or experimental, involve some risk of injury. In spite of all precautions, you might develop complications from participation in this study. In the event of any injury resulting directly from the research procedures, neither the study personnel, the University of South Carolina, nor the Palmetto Health Alliance have made any provision for the payment of any financial compensation to you or to provide any financial assistance for medical or other costs.

This study is being funded by the Department of Defense and conducted by the United States Army in conjunction with the University of South Carolina. Army regulations provide that, as a volunteer in a study conducted by the United States Army, you are authorized all necessary medical care for any injury or disease that is a direct result of your participation in the research. The Principal Investigator or his designee will assist you in obtaining appropriate medical treatment under this provision, if it is required. If you have any questions concerning your eligibility for Army-funded medical treatment you should discuss this issue thoroughly with the Principal Investigator or his designee before you enroll in this study. This is not a waiver or release of your legal rights.

#### **BENEFITS:**

This study may be of no direct benefit to you. However, we will make study results available to you when it is feasible for us to do so. At the end of the study, you may request a summary of all of your own results with a brief description of what they mean. As results from the entire study are published, we will advise you and you may request copies of these as well. Additionally, the knowledge gained from your participation in this research may help further our understanding of how to prevent or treat breast cancer.

#### **COSTS:**

There will be no direct cost to you for participating in the study.

#### **REMOVAL FROM STUDY:**

You may be taken out of the research study if it appears that you are unable to keep your appointments, provide blood or urine samples, or do not provide valid answers on the questionnaires. If this occurs, you will be given a full explanation for your removal.

#### **CONFIDENTIALITY:**

Your research records will be confidential to the extent possible by law. In all records of the study a code number will identify you and only the researchers will know your name. Your name

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will not be used in any reports or publications of this study. Your discussions with anyone who works on this study will be kept confidential, with two exceptions. We are compelled by law to inform an appropriate other person if: (1) we hear and believe that you are in danger of hurting yourself or someone else, or (2) if there is reasonable suspicion that a child, elder, or dependent adult has been abused.

**FUTURE CONTACT:**

Cancer research proceeds in stages, and questions may develop that are presently unknown to us. We may want to ask you to participate in a follow-up breast cancer study at some point in the future. If this occurs, the reasons for your eligibility and the purposes of the follow-up study will be clearly described to you. You have a right to accept or decline participation in future studies should we contact you.

**PATIENT PROTECTION:**

Further information on the research to be performed, or regarding the risks and benefits of participation, or alternative treatments may be obtained from James R. Hebert at 803-777-7666. This study has been approved by the committee to protect human rights for the Palmetto Health Alliance. Information concerning your rights as a research subject can be obtained by contacting the Office of Corporate Counsel at (803) 296-2124.

Should you be injured as a direct result of participating in this research project, you will be provided medical care, at no cost to you, for that injury. This will entail billing your insurance provider. You will not receive any injury compensation, only medical care. You should also understand that this is not a waiver or release of your legal rights. You should discuss this issue thoroughly with the principal investigator before you enroll in this study.

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Subject's Initials \_\_\_\_\_



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**Title: QUASI-PROSPECTIVE STUDY OF BREAST CANCER AND DIET**

**P. I. Name: James R. Hebert, Sc.D.**

**I have read the informed consent to participate in a research study or it was read to me by: \_\_\_\_\_ . Anything I did not understand was explained to me by: \_\_\_\_\_ , and any questions I had were answered by: \_\_\_\_\_ .**

**I certify that I am / am not [circle one] participating in another research project at this time, and have discussed the implications of such activity with the project director(s) of this project and/or my physician.**

During this study, I have been asked to answer questions about my diet, weight history, and physical activity, and to provide samples of urine, cheek cells, and blood, and to donate a portion of my breast biopsy for breast cancer research. In addition, I have been asked to allow body composition measures to be made (height, weight, skinfold and circumference measure, and bioelectrical impedance measures). The biological samples provided will be used to measure hormone levels associated with breast cancer (e.g., estrogens) or proteins responsible for hormone degradation, and may also be used for purposes that are currently unknown. There is a chance that the information and biological samples donated to this study may be used in other research studies and may have some commercial value. No commercial value is anticipated at this time. Should donated sample(s) lead to the development of a commercial product, the University of South Carolina will own it and may take action to patent and license the product. The University of South Carolina does not intend to provide any compensation for participation in this study nor for any future value that the sample(s) that I have provided may be found to have. I may not receive notice of future uses of my sample(s).

**“The purpose and procedures of this research project and the predictable discomfort, risks, and benefits that might result have been explained to me. I have been told that unforeseen events may occur. I have had an opportunity to discuss this with an investigator, and all of my questions have been answered. I agree to participate as a volunteer in this research project being conducted through the Palmetto Health Alliance. I understand that I may end my participation at any time. I understand that there is a possibility that the information I provided, and the blood, tissue, cheek cells, or urine samples, which I also provided to this study, may be used in other research studies and could potentially have some commercial applicability. I have been given a copy of this consent form.”**

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**Subject's Initials \_\_\_\_\_**



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**Print Name of Participant** / **Date**

**Signature of Participant** / **Date**

**Print Name of Person  
Obtaining Consent** / **Date**

**Signature of Person  
Obtaining Consent** / **Date**

**Print Name of Witness** / **Date**

**Signature of Witness** / **Date**

**Participant's permanent address:**

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**INFORMED CONSENT TO PARTICIPATE IN RESEARCH**

**Sample Donation Form**

**TITLE: QUASI-PROSPECTIVE STUDY OF BREAST CANCER AND DIET**

**PRINCIPAL INVESTIGATOR: James R. Hebert, Sc.D.**

**SUBJECT'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_**

**SPONSOR: United States Department of Defense**

**SAMPLE DONATION:**

Occasionally, samples from one study are used in other studies. Usually this is done if scientific knowledge progresses in a way that allows us to answer important questions that arise after the original study was begun, and therefore we did not originally anticipate. We would like to store samples of your blood, cheek cells, breast tissue, and urine that have been collected in this study, for possible future use. If you agree to donate these samples, please sign this statement.

"As a participant in this study, entitled *Quasi-Prospective Study Of Breast Cancer And Diet*, I voluntarily donate any and all urine, blood, and biopsy samples to the University of South Carolina. These samples will be used for the measurement of estrogens and proteins linked with estrogen degradation, and may also be used by the University of South Carolina for uses not currently known to me. There is a possibility that the samples donated to this study may be used in other research studies and may have some commercial value. No commercial application is anticipated at this time. Should my donated sample(s) lead to the development of a commercial product, the University of South Carolina will own it and it is possible that it will be patented and licensed by the University of South Carolina. The University of South Carolina does not intend to provide me any compensation for this and will not give me any notice of future uses of my sample(s)."

Print Name of Participant / Date

Signature of Participant / Date

Print Name of Person / Date  
Obtaining Consent

Signature of Person / Date  
Obtaining Consent

Print Name of Witness / Date

Signature of Witness / Date

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Subject's Initials \_\_\_\_\_